COVID-19: SEL System Recovery plan

Lambeth Together: Covid-19 Recovery Plan

Version 3.2   **27 August 2020**

Enquiries: hello@lambethtogether.net

Foreword

Covid-19 has presented us with extraordinary and far-reaching challenges over the past six months. Lambeth residents have experienced great pain, hardship and isolation and large numbers of people have suffered ill-health as a result of the virus. Nearly 300 Lambeth people have died from COVID-19, or have had previous underlying conditions worsened by it, leading to death. Vulnerable people, especially those from a black and/or minority ethnic background, older people or those living with disability have been disproportionately hit hardest.

While health and care services have responded at pace and with a clear focus this has required a tremendous effort from staff and carers to support local people and communities. Many people have already lost their jobs and suffered hardship, yet the full extent of the economic downturn and its associated health impact is still to be felt.   And of course we still need to do all we can to prevent and control further outbreaks and to prepare for a possible second wave.

This Recovery Plan has been developed by Lambeth Together partners to help guide our priorities and actions over the next eighteen months, while recognising that many uncertainties persist. We have sought to draw on the learning and experience of professionals and our teams, of voluntary sector partners and, most importantly, of resident and community voices, of all ages. Covid-19 has thrown a spotlight on many of the existing inequalities that exist in health outcomes of Lambeth's population, in access to care and in the experience of individuals and carers.

Our Recovery Plan sets out where we want to work together in partnership across the borough to drive change and improvement, addressing the real and pressing challenges of Covid-19, but also as a further catalyst to action to address our underlying Lambeth Together mission to improve health and reduce health inequalities within the borough.

We are clear we don't have all the answers at this point and we know we will need to work with our local communities to develop, test and learn from our initiatives. We would invite anyone wanting to work with us through the challenging times ahead to get in touch through **hello@lambethtogether.net**. We look forward to hearing from you.
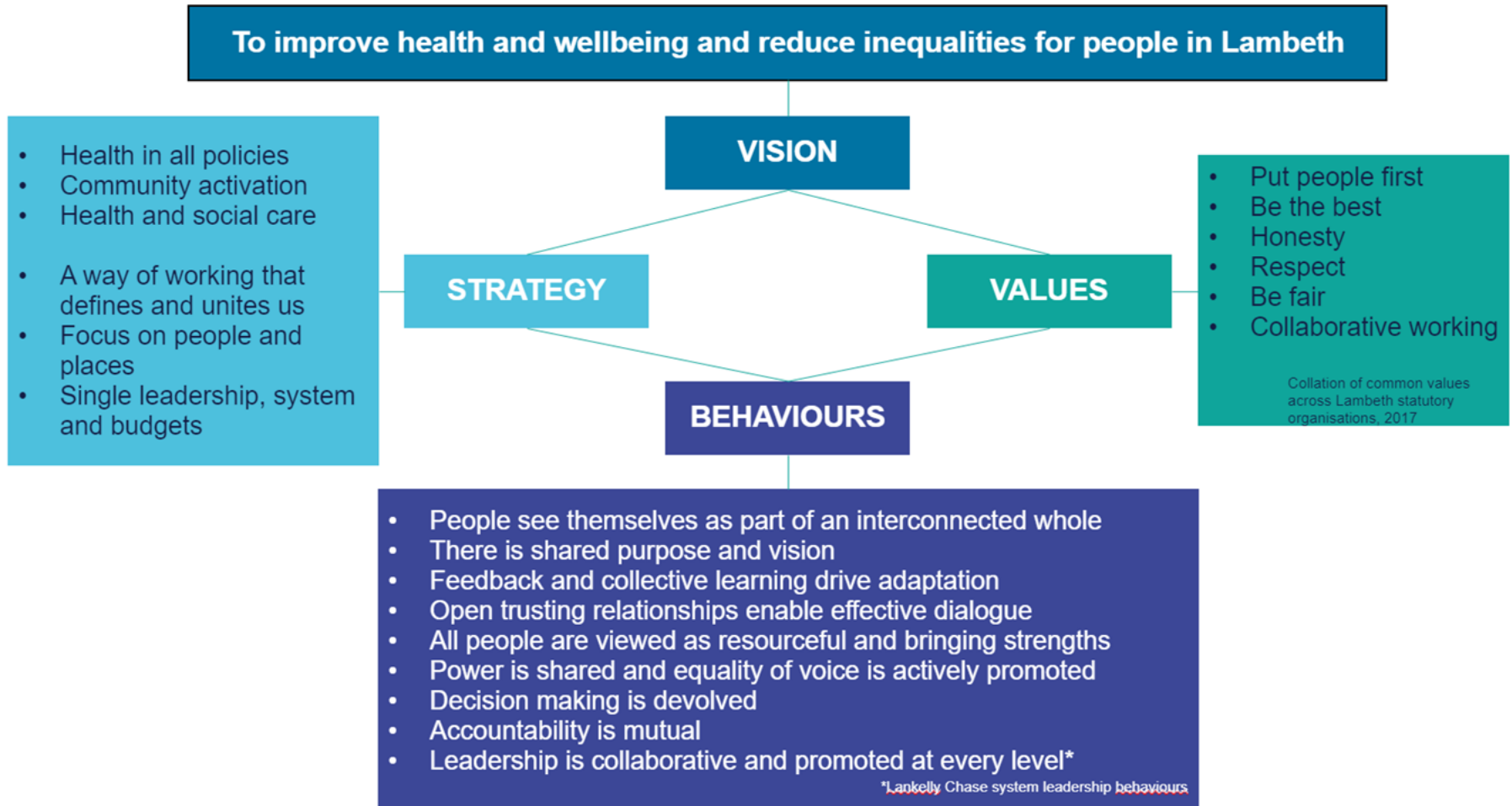
Contents

1. Context : Our Collaborative Working in Lambeth

- Lambeth Together, is our health and care partnership bringing together the NHS, Lambeth Council, and the voluntary sector, with service users and local people within the borough. Over the past three years it has been the vehicle by which we have developed our strategic leadership, our ways of working and a culture that brings us together; and a set of 'delivery alliances' delivering care in an integrated way with our local communities.

- Through Lambeth Together, we are working to improve health and reduce inequalities in the borough, building upon our already strong and established relationships towards even further integration that encompasses all health and care activity in Lambeth, and with the quadruple aim of:
    - Better Population Health Outcomes
    - Improved Patient Experience
    - Improved Experience of Providing Care
    - Delivered at the Best Value

- Our Pledge and the emerging Lambeth Together Strategy describe the way we organise services around people and places. Our developing Delivery Alliances (for Children and Young People, Lambeth Living Well Network (adult mental health) and Neighbourhood Health and Wellbeing) will be accountable for the achievement of agreed outcomes for defined populations.

- The Lambeth Together Strategic Board met for the first time formally in public in June 2020. The Strategic Board considered our learning to date from Covid-19 period and supported the collaborative approach to developing this borough recovery plan, as a critical element of the forward plan for Lambeth Together and set within a wider SE London Integrated Care System and Lambeth First (Local Strategic Partnership) context.

1. Context: Our Lambeth Together Mission

To improve health and wellbeing and reduce inequalities for people in Lambeth

VISION

STRATEGY

- Health in all policies
- Community activation
- Health and social care

- A way of working that defines and unites us
- Focus on people and places
- Single leadership, system and budgets

VALUES

- Put people first
- Be the best
- Honesty
- Respect
- Be fair
- Collaborative working

Collation of common values across Lambeth statutory organisations, 2017

BEHAVIOURS

- People see themselves as part of an interconnected whole
- There is shared purpose and vision
- Feedback and collective learning drive adaptation
- Open trusting relationships enable effective dialogue
- All people are viewed as resourceful and bringing strengths
- Power is shared and equality of voice is actively promoted
- Decision making is devolved
- Accountability is mutual
- Leadership is collaborative and promoted at every level*

*Lankelly Chase system leadership behaviours

1. Context: Our Lambeth Approach to Recovery

The impact of Covid-19 and the experiences of our communities and workforce has reinforced the importance of our existing mission – to reduce health inequalities in the borough, and in particular as experienced by our BAME population. We are determined to ensure that as we review and re-set our Lambeth Together priorities for the next 18 months, that this remains at the core of our ambition.
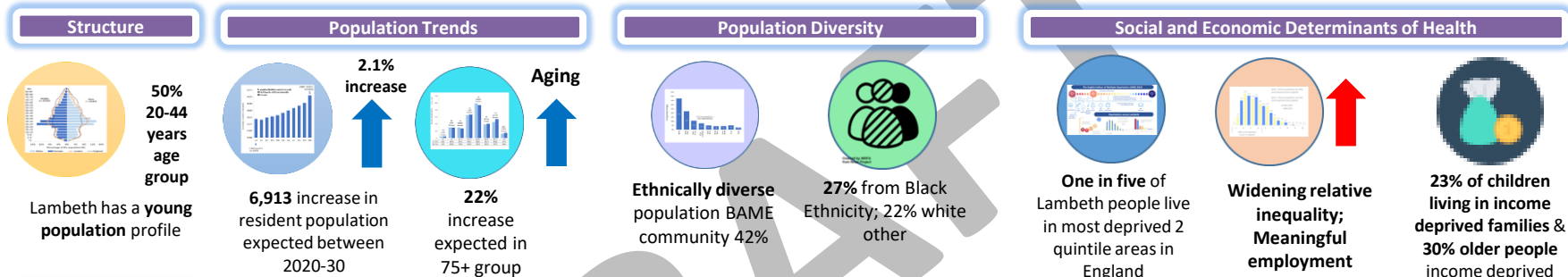
- This Recovery Plan will directly inform our Lambeth Together response and provides clear examples of the value, and strength of our collaborative partnership approach. It sets out the shared key priorities and a core work programme that together we intend to address during the 18 month period from September 2020 to March 2022: recognising that this is both a plan to respond to the Covid-19 pandemic and to further progress our integration and system-wide working within the borough, and beyond.

- The Recovery Plan outlines the contributions that each of our Delivery Alliances will play, whilst recognising that we will need to continue to adapt during this period as we work together to respond flexibly and dynamically to the emerging challenges we will face.

- The Recovery Plan will connect both to NHS acute provider plans, mental health, primary care, wider Local Authority and to south east London recovery strategies, and VCS Partners, as Lambeth Together services interface with those essential systems and diverse communities.

- We recognise we can do more to involve local people and give greater voice to our diverse communities in our work. Whilst we have heard from individuals and community groups about the impact of Covid-19 locally we want to build on our engagement approaches and give local people a clear voice in developing our ongoing response.

- The last four months has seen services and teams adapt to new circumstances at both pace and scale. We would wish to review and evaluate these new ways of accessing and delivering care, in particular through virtual and digital means, but also to sustain this momentum to innovate and transform services.

- Developing and supporting our workforce to work together and in involving service users and carers will be an integral and critical part of our ambitions as we develop our recovery initiatives.

2. Health In Lambeth: Our Joint Strategic Needs Assessment

This is the overview of the health profile in Lambeth prior to Covid-19. The impact of the epidemic has increased risk and exacerbated existing health inequalities.

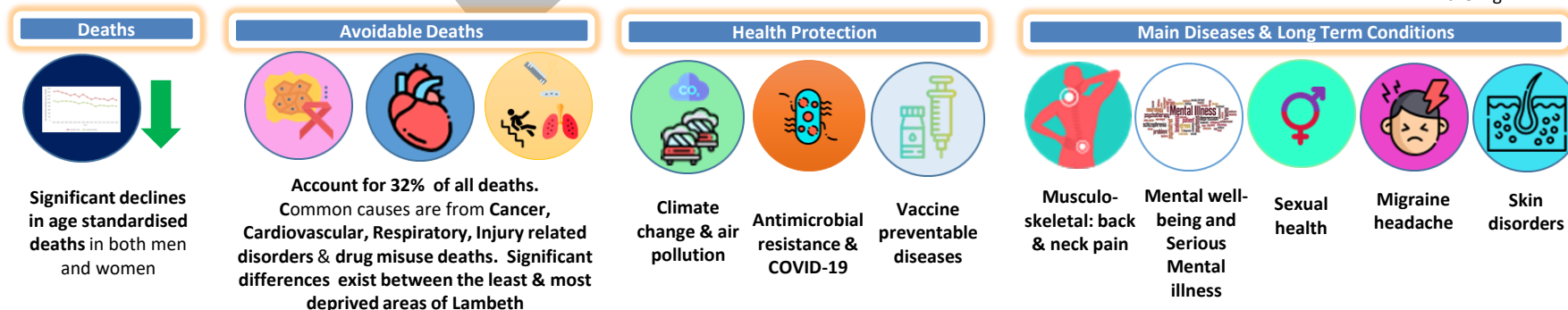## LAMBETH STRATEGIC NEEDS ASSESSMENT SUMMARY – 2019/20
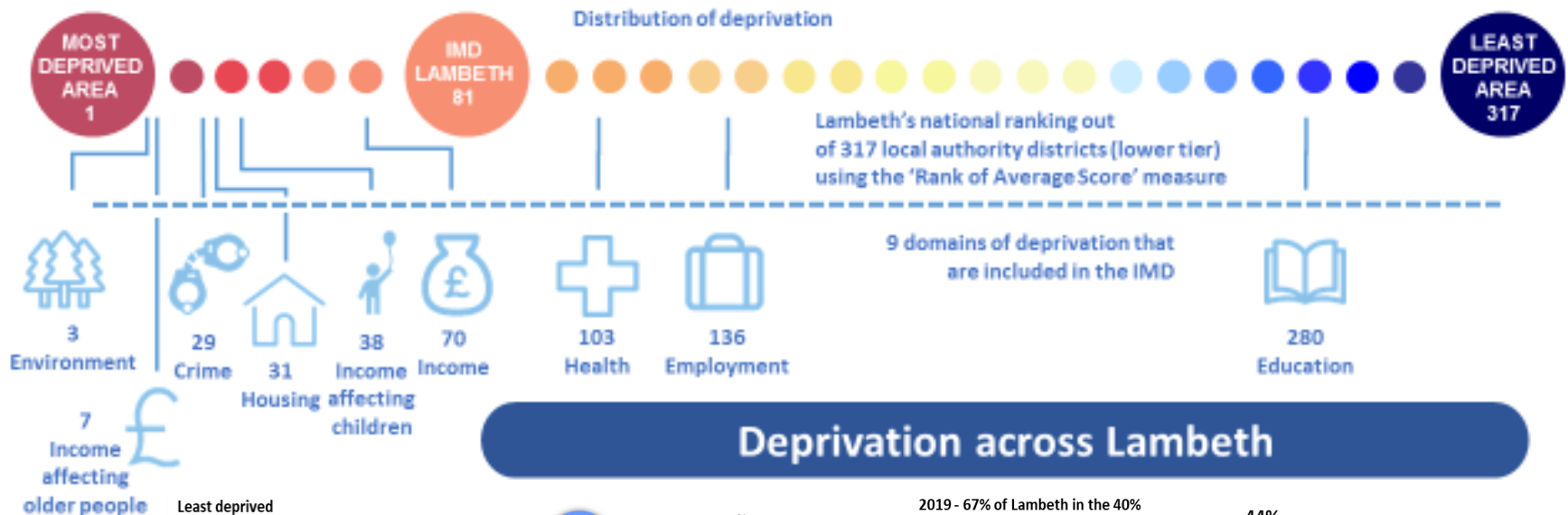
Demographic profile

Structure

50% 20-44 years age group

Lambeth has a **young population** profile

Population Trends

2.1% increase

Aging

6,913 increase in resident population expected between 2020-30

22% increase expected in 75+ group

Population Diversity

Ethnically diverse population BAME community 42%

27% from Black Ethnicity; 22% white other

Social and Economic Determinants of Health

One in five of Lambeth people live in most deprived 2 quintile areas in England

Widening relative inequality; Meaningful employment

23% of children living in income deprived families & **30% older people** income deprived

Health Profile

Life Expectancy

Men 79 Women 84

People are **living longer. Gap** in life expectancy has narrowed

Healthy Life Expectancy

Men **living 18 years and women 21 years in poor health** from a range of long term & multiple conditions

Risk Factors

Avoidable risk factors are **smoking, obesity, poor diet, alcohol, drug misuse and high blood pressure** across the life course

Other Determinants of Health

Natural & Built Environment
• Noise
• Overcrowding
• Falls injury

57%

Education 1061 pupils achieve 5 GCSE A*-C grades

Violent crime is an important issue. **Youth crime** & first time offender rates are high.

Health Profile

Deaths

Significant declines in age standardised deaths in both men and women

Avoidable Deaths

Account for 32% of all deaths. **C**ommon causes are from **Cancer, Cardiovascular, Respiratory, Injury related disorders** & **drug misuse deaths. Significant differences** exist between the least & most deprived areas of Lambeth

Health Protection

Climate change & air pollution

Antimicrobial resistance & COVID-19

Vaccine preventable diseases

Main Diseases & Long Term Conditions

Musculo-skeletal: back & neck pain

Mental well-being and Serious Mental illness

Sexual health

Migraine headache

Skin disorders

Over the last decade Lambeth has become relatively less deprived, however, for certain indicators including environment, poverty in older people, crime and housing it remains in the top 10% of most deprived boroughs nationally. Covid19 is likely to have longer term impact on indicators for employment, child poverty and health. Evidence to date suggests there is a clear strong correlation between Covid-19 mortality and deprivation.

The English Indices of Multiple Deprivation (IMD) 2019

Distribution of deprivation

MOST DEPRIVED AREA 1

IMD LAMBETH 81

LEAST DEPRIVED AREA 317

Lambeth's national ranking out of 317 local authority districts (lower tier) using the 'Rank of Average Score' measure

9 domains of deprivation that are included in the IMD

3 Environment
29 Crime
31 Housing
38 Income affecting children
70 Income
103 Health
136 Employment
280 Education
7 Income affecting older people

Deprivation across Lambeth

Least deprived

Change in deprivation
Lambeth's relative position over the years

2019 81
2015 44
2010 29
2007 19
2004 23

Change over time is relative to other areas, changes in rank might not reflect improvements

Most deprived

2019 - 67% of Lambeth in the 40% most deprived areas England

2015 - 73% of Lambeth in the 40%

■ IMD 2019
■ IMD 2015

Decile	IMD 2019	IMD 2015
1	0%	7%
2	20%	26%
3	24%	22%
4	23%	18%
5	16%	16%
6	10%	7%
7	4%	3%
8	2%	1%
9	1%	1%
10	0%	0%

40% most deprived areas in England

Proportion of Lambeth in the 10% most deprived areas of England

Domain	Proportion
IMD	0%
Environment	44%
Income older people	39%
Crime	13%
Income children	12%
Income	4%
Housing	3%
Health	2%
Employment	1%
Education	0%
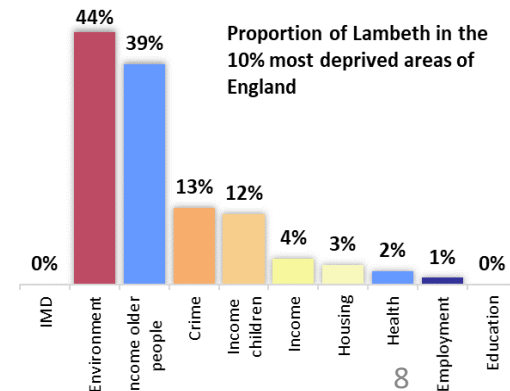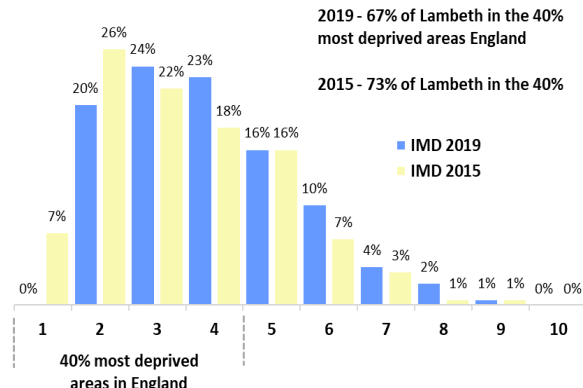
- The impact of Covid-19 follows the same socio-economic gradient of most morbidity and mortality.

- Covid-19 has shown we need to do much more to engage with those who suffer the worst health outcomes.

- Those in multigenerational / overcrowded households and on low incomes, in low paid work, older people and BAME populations have had the highest rates of Covid19 related mortality and morbidity.

- The wider social and economic impact has also shown how important our Health-in-all-Policies approach is to reducing health inequalities, for instance with youth violence, climate change, poverty.

- Resilience and recovery has to use a "proportionate universalism" approach starting with those most vulnerable to second wave impacts both of Covid-19 itself AND address barriers to accessing routine and emergency healthcare and other support in the event of a second wave.

Vision
Improving health and wellbeing and closing gap

Health in All Policies

Community activation

Health and social care

Universal   Targeted

Joint strategic needs assessment
Inequalities
Best Value
Finance
Resources
Prevention
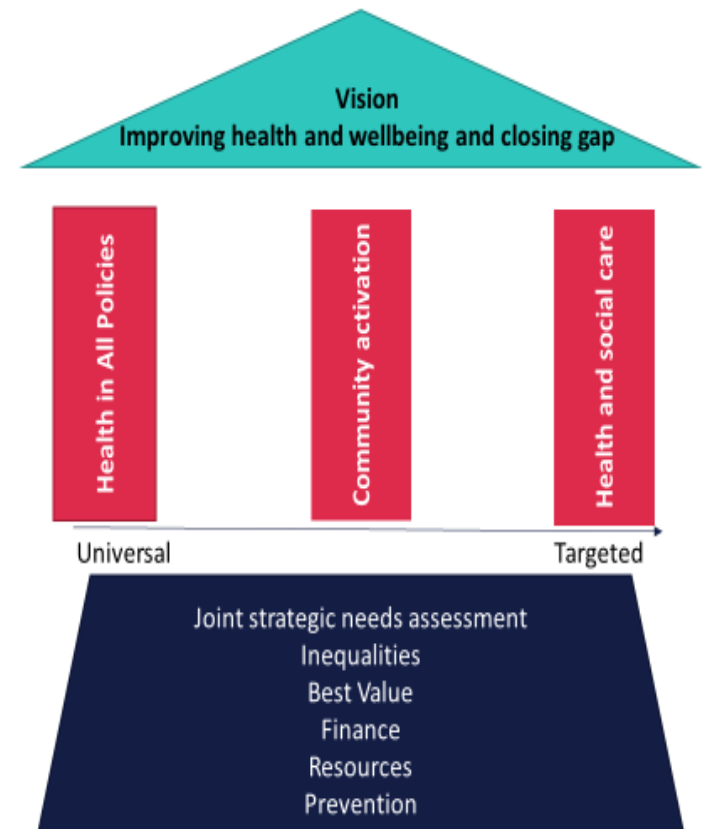
Inequalities – National Analysis

Age & Gender
Age is largest driver of disparity. Majority of those dying from COVID 65+ years and almost half 85+.

Mortality amongst working age men is more than 2 x that of female counterparts.

Ethnicity
Significantly higher mortality rates among certain ethnic groups, particularly Black and Asian ethnic backgrounds

Health
Majority of those dying from COVID-19 had multiple underlying health conditions e.g. diabetes, hypertension, COPD and dementia.

Obesity appears to increase risk of adverse outcomes.

Deprivation
Mortality rates from COVID-19 in most deprived areas more than double least deprived.

Source: PHE

Inequalities – National Analysis

Geography
Local Authorities with highest diagnosis and death rates mostly urban.
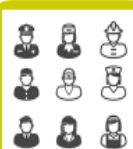
Occupation
Those in public facing roles such as care workers, security guards and transport workers have higher mortality.

Care Homes
2.3 x deaths in care homes than expected (20/03/20 – 07/05/20, compared to previous years)

Other groups
Larger increase in deaths amongst those born outside UK.

Expected higher diagnoses amongst homeless

Source: PHE

Age & Gender - Lambeth
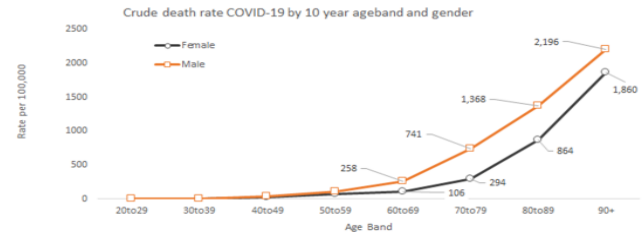
Crude death rate COVID-19 by 10 year ageband and gender

Source: Lambeth Registrars Data registered between 01/03/2020 - 26/06/2020

Place of Birth - Lambeth

Crude death rate Covid-19 by place of birth all ages

Source: Lambeth Registrars Data registered between 01/03/2020 - 26/06/2020

Deprivation - Lambeth

Crude death rate Covid-19 by local quintile of deprivation, all ages

Source: Lambeth Registrars Data registered between 01/03/2020 - 26/06/2020

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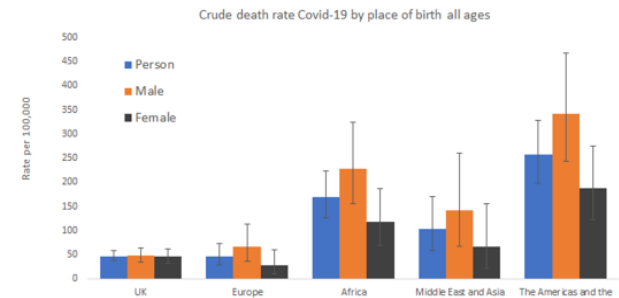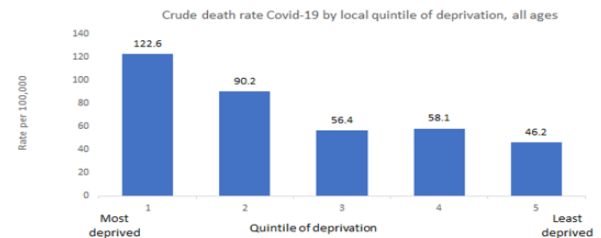
Whilst some of the impacts of Covid-19 are immediate others will manifest over time. During the peak of the UK epidemic we saw an increase in all-cause mortality as well as Covid-19 deaths. The legacy of barriers to accessing healthcare early, interrupted screening programmes etc will last for months, if not years. In addition to this, the economic and social impact of the control measures will in themselves add to the health impact over time.

1st Wave
Immediate mortality and morbidity of COVID-19

4th Wave
- Psychic trauma
- Mental illness
- Economic injury
- Burnout

2st Wave
Impact of resource restriction on urgent non-COVID conditions

3rd Wave
Impact of interrupted care on chronic conditions

1st Wave Tail
Post-ICU recovery

Health Footprint of Pandemic

Time

+ Long term impacts of control measures – social and economic costs

Credit to Victor Tseng @VectorSting for the diagram of waves of impact

2. Health In Lambeth: Covid-19 listening to Lambeth residents

On 2 July the Lambeth Health and Wellbeing Board received feedback from a range of community organisations on the impact of Covid-19 on Lambeth communities. This event was rich in evidence and impactful in describing the difficulties and concerns felt by many across all ages and communities, including from our workforces.

Insights continue to be gathered by partners that will inform our recovery planning, including;

- **Lambeth Council** – Resident and staff surveys completed and listening events over the summer
- **GSTT** – patient experience of virtual outpatient appointments, to inform stand down of unnecessary face-to-face consultations
- **KCH** – survey to understand patient feelings about coming back into hospital premises for planned appointments, and views on proposed safety measures, e.g. social distancing in waiting areas, temperature checks, one-way system around hospital site
- **Lambeth GP practices** – survey of patient and staff experience of accessing primary care and barriers met
- **King's Health Partners** – how people with learning disabilities have been able to maintain social connections online
- **Children and Young People Alliance** – experience during pandemic of what models of delivery or services to retain, reinvent, restore or leave behind
- **Healthwatch Lambeth** – impact of pandemic on people's health and care needs and on the support they receive from services or through informal networks; targeting adults with long term health needs and people who use/need social care, especially older people, shielded and at risk groups
- **Black Thrive** – surveys and community research with BAME communities and homeless migrants to understand black experiences of Covid-19
- **Age UK Lambeth** – experience of coming out of lockdown.

We will additionally continue to draw on intelligence that is being gathered from partners and academic institutions across London to inform our Recovery Plan as it progresses.

2. Health in Lambeth: How communities have experienced Covid-19

We heard powerful stories at July's Health and Wellbeing Board from residents and our workforce about challenges they have faced; as partners we've been learning from people's experience during the pandemic – examples of what we've heard between April-June:

Population	Impact	Source
Whole borough	29% say they feel less healthy than before lockdown – but 79% reporting good or very good health Anxiety levels doubled since lockdown with close to half population feeling more anxious and noted increases in BAME and economically inactive groups	LBL Pulse
BAME communities	Unemployment and reduced income - though half of all households report lower income and 11% of all households struggling to cope More likely to be involved in home schooling or caring for at risk family or friends – and finding it more difficult Impact on mental wellbeing , anxiety, uncertainty, worry about the future and increased feelings of marginalisation Distrust of government and 'official' messaging	LBL Pulse Black Thrive
Faith communities	Grief and feeling unable to access support Loneliness, social isolation and mental health concerns, exacerbated for some by digital exclusion Confusing guidelines – some groups translating materials from English	LBL
Migrants and homeless people	Language barriers to accessing information including on lockdown restrictions Difficulties accessing online guidance and services Difficulty adhering to hygiene and isolation requirements in crowded accommodation Access to NHS services impeded by concerns re eligibility, retrospective charges or having to pay for interpreting	Black Thrive
Disabled people, people with ltcs	Greater sense of connection for some through rapid move to digital communications and access Ability to access services without having to take transport and accessibility into consideration – and fitting activities into their schedule more easily Risks of increased social isolation for people with multiple long term health conditions Difficulty of social distancing or people with complex needs	LBL drop-ins Nhood Alliance
Children, young people and families	Increased anxiety during lockdown and worries about what their life will be like after lockdown Less active Positive about Evelina and SLaM virtual offer	LBL Pulse GSTT
Workforce	Emotional impact of frontline work, demands of working remotely, resilience	LWNA

Major and sub-themes emerging from stakeholder engagement sessions

Impact of longstanding social and economic inequalities	Need to take a systems level approach	Social and living conditions	Income and poverty	Vulnerable groups	
Increased risk of exposure COVID-19	Staff in frontline roles	Public transport	Multiple occupancy houses	Risk assessments	
Increased risk of complications and death from COVID-19	Timely access to services	Multiple long term conditions	Mental health		
Racism, discrimination, stigma, fear and trust	Cultural competence	Access to PPE	Stigma and fear of COVID-19	Late presentation to services	Role of the media
Moving forward	Cross government approaches critical	Act now	Improve ethnicity and faith data collection	Need for further research	Using community assets – the role of culture and faith

Source: Public Health England

2.Health in Lambeth: Developing our Engagement in Lambeth

Engagement in Lambeth's Recovery Plan

To successfully further develop and deliver our Lambeth Recovery Plan over the coming weeks and months:

- We have shared our draft Recovery Plan with the wider public and are providing opportunities to feedback on our overall priorities, our key actions through a community listening event jointly hosted with Healthwatch on 04 September
- We have published a draft public-facing short summary of the recovery plan which has been shared, and encourage people to feedback with comments to hello@lambethtogether.net
- Our partners will continue to gather insights over the summer. We will continue to learn from people's recent experience of receiving and providing care - from our staff, the independent sector and informal carers as well as patients and service users - during the pandemic period and the impact this has had on them
- We will systematically consider how this intelligence can inform our ongoing recovery actions at local and SEL level
- Identify priority areas where there are planned changes and where there is scope for engagement to further shape recovery plans
- Work collaboratively across partners in Lambeth Together in a coordinated way, using our collective resources, to involve the residents and frontline staff from our borough in decisions about how we deliver health and care in the short, medium and longer term as part of our borough recovery plan - focusing on the most impacted populations in a highly targeted way and addressing engagement gaps
- We are further developing and will publish our engagement plan.

3. Working together: Our Lambeth Together Response to Covid-19

Summary of how our response was coordinated in the borough

- Lambeth Together health and care system partners have worked effectively and ever more closely together during the pandemic period. Our existing strong collaborative arrangements have enabled us to respond together, quickly and dynamically at this time of crisis. The emergency has meant that things have happened very quickly, with unexpected challenges and with an unprecedented requirement for agility and working in very different ways.

- We rapidly established leadership and oversight arrangements through the Lambeth Covid Borough Response Group (CBRG), meeting twice weekly and chaired by the Strategic Director for Integrated Health and Care. We quickly made wide ranging adjustments to services and support arrangements for service users and our communities. Through the use of dedicated programme support and shared leadership roles we developed an effective and well-coordinated borough response, fully engaged with the wider south east London NHS and Lambeth Council emergency response arrangements. This has included areas such as discharge planning, demand and capacity, PPE provision, infection control advice, testing, support to care homes, delivery of medicines, food and essential advice to vulnerable individuals, mental health, children's and primary care.

- The crisis has demonstrated that we are able to rapidly respond to emergencies, but has also exacerbated issues around health and inequalities known to already exist within our borough. Through a range of workshop sessions we have considered our lessons learnt and the key themes to consider in planning for the potential for subsequent outbreaks of Covid-19, for recovery and in shaping the future of health and care services for Lambeth.

3. Working together: Our Lambeth Together Response to Covid-19

We have adapted our ways of delivering services in order to sustain essential care, to protect service users, carers and staff and to prevent the spread of infection. Many services moved to non-face-to-face means, often using digital technology and we recognised the additional risk that our most vulnerable individuals faced from Covid-19 and from the impact of lock down. *Some examples of our achievements and what has worked well in Lambeth include;*

- Set up a network of food delivery hubs across the borough with community groups and dispatched 23,500 food parcels to vulnerable residents. Worked together to put a medicines delivery service in place by repurposing the SEND home to school transport providers, using local accredited drivers and their cars to support over twenty local pharmacies with the delivery of medicines to shielded and other vulnerable groups.

- Primary care has worked to sustain services through a Covid Response Unit across Lambeth's 41 GP Practices, 9 PCNs, the LMC, GP Federation and the CCG; rolling out a significant programme of support for remote working , including providing hundreds of laptops and remote access software tokens; creating dedicated Covid-19 'hot' clinics to provide practice services to patients with suspected Covid-19 symptoms; a transport service in partnership with local black taxis to help patients receive care; home-based phlebotomy services for patients who are shielding; support to Practices to access PPE and other urgent supplies, arranging antibody and antigen testing, offering clinical and health protection advice and guidance, and help with staff accommodation and illness cover.

- Comprehensive package of support for social care providers, including care homes, including to urgent access PPE, infection control, advice and guidance, key worker testing and capacity and resourcing has been put in place

- Mental health services have had to adapt to the social distancing guidelines and remain open. Individuals already known to our local services are continuing to be supported, particularly those who may at a risk to themselves or others, or due to isolation and/or self-neglect. Anyone who needs urgent and crisis support from our child and adolescent or from adult mental health services can still be referred. We have extended our online professional counselling service Kooth to work with 18-25 year olds to support the mental health of all young residents.

- Supporting hospital capacity through creating internal flow hubs at both GSTT and Kings that act as a single point to facilitate and support discharges out of hospitals and by securing additional community-based capacity.

3. Working together: Case Studies

Home First: Early discharge and avoiding unnecessary hospital admissions has been facilitated by joint working between health and social care staff to support local hospitals to deal with the increased demand during the pandemic. A new integrated Home First discharge service was established at GSTT and Kings to act as a single point of access to support quick and safe hospital discharges meaning that, in most cases, patients could return home within two hours. This work has been supported by a new discharge support service put in place by Age UK Lambeth who have diverted resources to provide practical and emotional support to people who need it to settle back home following a period of illness in hospital.

Care homes: A care home network made up of care home staff, GPs, palliative care clinicians, geriatricians, psychiatrists, community pharmacists and clinical nurse specialists was quickly mobilised to provide multi-disciplinary support to care homes. A Covid-19 tracking system shared data to target support, including access to geriatrician on-call 24/7, flexible GP/geriatrician co-working and the co-ordination of additional support from the @Home and palliative care services. WhatsApp messaging, used with appropriate information governance has enabled the rapid sharing of guidance, educational tools and the organisation of local testing in care homes.

Primary care: The Lambeth Clinical Cabinet and the CCG quickly set up the Covid Response Unit which set out the model for delivery of primary care ensuring that services remained sustainable and that patients continued to have access to high quality care. Covid hubs to treat patient suspected of having Coronavirus were operated at separate sites to prevent cross infection. Up to 5 hubs were in designed with a flexible model of care that could be scaled up and down depending on demand. An innovative black cab service commissioned to transport patients with suspected Covid-19 to the hubs as well as delivering prescriptions and oximeters to shielded patients.

3. Working together: case studies

Palliative care: In partnership with a small group of GPs, Compassion in Dying developed a framework to help GPs support their patients in a sensitive way to answer any questions, listen to their concerns and priorities, and work with patients to create an advance care plan that clearly communicates what matters most to them, so that treatment can be provided in line with their preferences. During Dying Matters week in May the Lambeth Advance Care Planning Consortium launched a new, free one-to-one support service to help local people to plan ahead and record their future treatment and care wishes by creating an advance care plan. In June, a pilot to increase the number of advance care plans and Co-ordinate my Care records in three nursing homes in Streatham went live. This pilot is a partnership between Marie Curie, the Health Innovation Network, and Prentis Road Practice working closely with the care home staff to deliver over 200 new records.

Infant feeding: As part of wider changes to the delivery of Guy's and St Thomas' community midwifery services, maternity hubs have been set up in key locations across Lambeth and Southwark. In Lambeth, two of these have also become hubs for infant feeding support delivered by the hospital breastfeeding teams, the Specialist Infant Feeding Midwives, and the Community Infant Feeding Coordinator from Evelina London. This has enabled women with immediate support needs around feeding their baby to be seen on an individual, face to face basis within the community. The Breastfeeding Network Peer Support Service moved to an online and phone support delivery model. Virtual breastfeeding groups have been held daily, and women invited to join them for feeding and peer support. One to one support was provided virtually where needed

My name is Steven I live in Lambeth and I work as an assessor in the Initial Contact Service. Since the outbreak of COVID-19 I have been working from home due to my disability and I am on the shielding list. Lockdown is a struggle but I have a strong network of support across several resources. This has included having a PA, having food from the council's hub, and medication delivered to me and regular check-ins with my GP. Support groups have also helped like DASL, who I also volunteer with in my spare time, and the Adult Social Care BAME and Disability forum. I get encouragement and support from my line manager and team. All these resources have come together to helped me to deal with issues of isolation and maintain a healthy wellbeing. It's made such a difference to my life and helped me cope, when it can be particularly challenging for those who have no choice but to isolate.

3. Working together: Learning together from COVID-19

- Lambeth Together partners have spent time during the summer months considering learning from Covid-19 and we have identified where there are clear priorities that can best be only achieved by continuing to work collaboratively and with clear coordination across the Lambeth health and care system.

- In addition, the way we will work together with our local people and in our local communities and neighbourhoods becomes even more important if we are to achieve our ambitions. Through resident and patient surveys, engagement through the Health and Wellbeing Board and other fora we have sought to understand the experience of local people. The need to do more to address health inequalities, in particular experienced by our BAME citizens, and to support those most vulnerable in our borough is heightened.

- A key reflection is that much of what we were doing through Lambeth Together before Covid-19 remains relevant, but the impact needed and the impetus for action is heightened. This has required us to review our existing plans and a renewed prioritisation approach.

- We have considered our planning in terms of preparing for a future with further waves of Covid-19 and what we have learnt has determined how we can rapidly plan, act, contain and recover.

- This Recovery Plan for health and care in Lambeth sits within the ambitions for recovery within the wider recovery plans within Lambeth and across the South East London Integrated Care System.

- We have spent time considering the main themes that our recovery plan should cover, whilst also grouping the main actions in respect of those themes through our delivery alliances. It is through those arrangements that we will be able to achieve real change.

3. Working together: Our key learning themes from Covid-19

A starting point for our prioritisation has been the identification of the following key themes;

1. **Reducing inequalities:** We are committed to implementing the recommendations of the PHE report on inequalities. This includes improving collection of ethnicity and other protected characteristics; developing "culturally competent" programmes for engagement, research, health promotion and service delivery; measure the impact of interventions and focus our attention in proportion to what inequalities data is telling us and on the social determinants of ill health. Use our understanding of the interplay between social economic factors and health outcomes to focus on actions to be delivered at a local level in neighbourhoods which can reduce inequalities.

2. **Interacting with local people in their neighbourhoods:** With less physical contact, will need to create ways to talk to people building around where they live in neighbourhoods and through PCNs. We need to build on the use of volunteers and the 3rd Sector. Healthwatch can play an important role in improving understanding of local assets and VCS, undertaking dialogue at a neighbourhood level.

3. **Engaging People:** Our programme of engagement needs to understand people's experiences of Covid-19 within their own context and we need to utilise this to build our next steps. Particularly important that this be done for those who are most vulnerable or who experience the greatest inequalities and in ways that ensure communities voices are heard.

4. **Progressing integration of service delivery at pace**: across social care, primary, community and acute care, and including with local people. Build on enabling simpler access to care, removing some of the boundaries, complexity and duplication felt by patients and staff. Address urgent care pathways including the over reliance on reactive care through A&E and admission dependency and which will require engaging with and new relationship with local people. More emphasis on approach to 'step up' over 'step down' care. Sustain focussed support to care homes.

5. **Virtual Working:** Consider the impact from the perspectives both of service delivery/staff and of peoples experiences as service users/ patients. Much of this way of working is here to stay, but requires good digital literacy and ongoing joint work to realise benefits and mitigate the risks of unequal access to care.

3. Working together: Our Key Learning Themes from Covid-19

6. **Recognising Trauma**: We will take a trauma informed approach to ensure we are looking out for and investing into support to those suffering grief and trauma during and post-Covid, including our workforce.

7. **Addressing the welfare and development of children:** We must look out for the needs of those most vulnerable children and young people – particularly those who may fall out of sight through virtual working and schooling. We need to support those who may have fallen behind to mitigate loss of life chances.

8. **Supporting mental wellbeing:** Review impact of lockdown to peoples mental wellbeing and more specifically the role the Lambeth Living well Network Alliance can play. Emphasise people as assets, wider community engagement in prevention and in building resilience and the need to be more proactive in making service availability known to people. Alongside this, we will engage routinely with our staff so that we understand more fully the impacts of Covid-19 on them as workers and develop tailored resilience and emotional support packages accordingly.

9. **Working with voluntary sector partners:** Build on the relationships forged through Covid-19 response for at risk/shielded people and the impact of our hub arrangements. Understanding the increase in demand for VCS services and how to support and sustain it, particularly with a neighbourhood focus.

10. **Maximise the role of local partners as employers:** Important role of 'anchor institutions' supporting local people into sustainable local workforce and serving our residents with the benefits of good quality employment. Looking after our workforce in their new ways of working.

11. **Harnessing our appetite for innovation, change, and risk**: Striking the right balance between the pace of change and ensuring meaningful engagement with local people and stakeholders. Consider a common approach to risk appetite and approach to change.

4. Planning for recovery: Lambeth 'New Beginnings', Our Priorities

- In early May, Lambeth Council published a report **Lambeth United** setting out the wide ranging and impactful initial response undertaken in Lambeth to the Coronavirus pandemic in order to help and protect Lambeth residents and the local economy and to sustain public services, including across the NHS and social care.

- As a borough we are now taking forward our further response through our **New Beginnings** work, drawing on the learning and reported experiences of our residents to address those challenges that have been further highlighted and exacerbated through the pandemic, including that of increased inequality and discrimination, or that have newly emerged as a consequence of it.

- Core to our response is the need to acknowledge and address those inequalities that exist within our communities and result in poorer outcomes for our more deprived and our BAME communities, highlighted by the **Lambeth Equalities Commission** and within the **Annual Public Health Report** published last year and that have been made even more explicit through the impact of Covid-19.

- The key components of our borough recovery work centres on five key challenges; health, care and wellbeing, supporting children and families, our economic recovery strategy, responding to the climate emergency and strengthening our communities – see below.

- These five challenges are compounded by the need to address them alongside the immediate and medium term financial implications of Covid-19. The existing Council five year MTFs produced a balanced budget for 2020/21 and beyond, however Covid-19 will impact on both planned income that is no longer achievable and the need for additional costs to mitigate the impact of Covid-19. Additionally a number of further national policy reviews have also been put on hold, including the Adult Social Care green paper. The forward picture, on the impact on the local economy, related to an ongoing increase in costs and on national funding remains highly uncertain and difficult to predict. The Council will work with the NHS and other borough partners to incrementally review and re-profile its financial planning as new information emerges.

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4. Planning for recovery: Lambeth 'New Beginnings', Our Priorities

1. **Health, Care and Wellbeing:** Recovery proposals are addressed through this Lambeth Together Recovery Plan, as developed by local partners informed by the impact and experience of Covid-19 on Lambeth residents and our health and care workforce.

2. **Supporting Children and Families:** Children and families have been significantly impacted through Covid-19 particularly those the most vulnerable and most deprived. Our focus will be on those children's and families experiencing;
- Increased levels of poverty, unemployment and financial hardship.
- Increased pressure on the family, such as financial pressures coupled with managing social isolation in less than ideal housing
- Challenges in providing home education and meeting the personal and socialising needs of children
- The disproportionate impact on BAME communities
- Parental and familial relationship problems, gaps in learning and those who may be at risk of engaging in risk-related activity.

Many of these factors will be inter-related for individuals and the complexity of challenges faced seem to have risen through Covid-19 and our recovery planning will therefore need to continue to embrace new ways of working . Further details on priority actions to support Children and Young People are included in section 4.

3. **Our Economic Recovery Strategy** seeks to tackle the economic consequences we now face with our ambitions centred through three important lens, as follows;
- **Supporting People** - Enabling all our residents to find and stay in employment and providing those directly impacted by Covid-19 with opportunities to upskill or reskill so they can meet their core economic needs now and in the future, but with a particular focus on addressing the systemic inequalities that our black population has faced.
- **Supporting Business** - Having a diverse, locally rooted business and cultural base, which survives and adapts to the impacts of Covid-19, and then thrives again in the future, underpinning the Council's financial resilience, transitioning to a zero-carbon economy, and instilling confidence in Lambeth as a place to invest and do business.
- **Developing Place** - Supporting a diverse and flexible mix of uses in our high streets and town centres and investing in the delivery of new homes and workspace, that enables people to live and work in sustainable urban environments which better enable walking and cycling and provide improved digital connectivity.

4. Planning for recovery: Lambeth 'New Beginnings', Our Priorities

The Lambeth Skills and Employment Board's vision for Lambeth is to work with local anchor institutions, including NHS and academic sectors, to create a place where industry, education, the voluntary and public sectors come together and deliver a world class skills system that provides opportunities for good quality work, with 4 long term objectives: tackling inequality; access to career pathways; integrated system for local skills and progression; encourage opportunities for young people.

4. Responding to the Climate Change Emergency
It is estimated that carbon emissions have reduced by between 4 and 10% through the lockdown period. Lambeth has already declared a climate emergency and we would wish to use the current circumstances to help us make changes that mean we do not return to unsustainable ways of living. Our Climate Change Assembly will seek the input of local stakeholders to this ambition. The impact on health of climate change has been addressed within the **Annual Public Health Report** published this month.

5. Strengthening Our Communities - working with local people and neighbourhoods
In addressing recovery we know that we will need to work ever more closely with our communities and through local third sector organisations and community groups within our neighbourhoods and across the borough. Through Covid-19 we have learnt more about vulnerabilities that exist in our communities and how working with the third sector we can enable individuals to be better supported and helped to remain independent and resilient in challenging circumstances. The generosity of people willing to volunteer to help and support others was reconfirmed to us. We have also had to think again about how we engage with people in ways and overcome new barriers, we will need to build on this in further developing our approaches to involving people and working to develop more resilient communities and neighbourhoods.

At the onset of lockdown the council established its coronavirus helpline and webform to provide support and signposting to vulnerable residents including establishing emergency food provision for the shielded population and food insecure. Call volumes have dropped and the coronavirus helpline has now transitioned to the MYCommunity Gateway helpline where it will remain in the medium-term. A programme has been established to develop a sustainable food offer, to establish place-based Health and Wellbeing Hubs to support communities to manage, to tackle health inequalities, to improve their health and wellbeing, and to develop and deliver a fresh approach to working with the VCS which ensures a stronger and more sustainable sector in Lambeth.

4. Planning for recovery: Lambeth Together priority actions

Our Lambeth Together Recovery Plan includes the need to respond to the real risk of a second surge in Covid-19 and our overarching aim to address health improvement and reduce inequalities, further highlighted though Covid-19.

The following section sets out how we will tackle the challenge of recovery including by working through our three Lambeth Together Delivery Alliances and other partnership arrangements, as follows;

- Our response to a potential second wave of Covid-19
- Our high level commitments to address health inequalities
- Our key Priority Actions, delivered across seven programme areas;

    Lambeth Staying Health Board
    - Staying Healthy initiatives
    - Sexual Health

    Our Delivery Alliances
    - Children and Young People Delivery Alliance
    - Neighbourhood and Wellbeing Delivery Alliance
    - Living Well Network Delivery Alliance

    People with complex care needs
    - Learning Disabilities and Autism (LDA) and People with Continuing Complex Needs
    - Homeless and Rough Sleepers

Associated recovery actions for each are set out in the following pages.

4. Planning for recovery: Potential Second Wave of Covid-19

We have been thinking in-depth about having in place plans for a potential second wave of Covid-19 infections . These are summarised below and include areas of continued collaborative working across a number of areas;

Being able to Prevent and Predict a potential second wave:

* Use of Surveillance and Early Warning data and intelligence to alert to service and location spikes in demand
* Promote the importance of Test and Trace to identify and track cases – *Keep Lambeth Safe*
* Sharing data and patient registers across organisations to provide rapid and joined up care and support and proactively supporting people to access appropriate care and to be more resilient.

Responding in the event of a surge:

* [Outbreak Control Plan](#) in place, overseen through the new Health Protection Board
* Covid Borough Response Group arrangements would be rapidly reset up
* Establish enhanced and agile communications
* Ensuring support to staff, and staff resources across the system.

Provider Plans:

* Each provider has current plans to manage pressures and service disruption
* Regularly refreshed and updated Business Continuity plans and Winter Plans in place in each part of the system to plan for contingencies and to maintain services and shift focus of care as necessary in the event of a surge or disruption
* These plans to enable a clear view on what we would stop and start and oversight
* Providers to share second wave planning with partners to ensure clear shared visibility of actions and system interdependencies.

4. Planning for recovery: Potential Second Wave of Covid-19

Within these priorities Cabinet leads have identified particular areas of focus in terms of;

- Effective use of contact tracing through Test and Trace system and effective public health guidance to residents to help contain the risk of further outbreaks of Covid-19.

- Deliver and promote more preventative services in the community to keep people as healthy as they can be and avoid the need for hospital admissions that could be prevented;

- Make more accessible non-statutory support within the community to help people with mental health issues

- Reaching out to those most isolated and experiencing loneliness.

4. Planning for recovery: Addressing Health Inequalities

We have considered the recent Public Health England review of disparities in risks and outcomes for Covid-19. The PHE analysis has looked into effects of age, sex, deprivation, region and ethnicity, but it does not take into account the existence of comorbidities, which are strongly associated with the risk of death from Covid-19 and are likely to explain some of the differences. Continuing to improve the holistic management of long-term conditions in Lambeth is a key priority for our partnership, as is addressing the broader socio-economic determinants of health and wellbeing and health inequalities. As an area with a diverse population and a diverse workforce, we recognise our shared responsibility to address disparities in risks and outcomes specifically in our plans.

	Age and Gender	Deprivation	Ethnicity	Occupation	Health Factors/Comorbidites
Risk Factors	• Those 80 or over were seventy times more likely to die than those under 40. • Males had a statistically significantly higher rate of death (9.9 deaths per 100,000) compared to females.	COVID-19 has had a proportionally higher impact in the most deprived areas when compared to all deaths. Some groups are particularly at high risk • Migrants • Those with no recourse to public funds • Homeless • Children and Young people (impact of education	The risk of dying is higher for those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.	• Caring occupations including social care and nursing auxiliaries and assistants. • Those employed driving private and public vehicles including taxi and minicab drivers and chauffeurs. • Security guards and related occupations; including those in care homes.	• Hypertension • Cardiovascular diseases • Diabetes mellitus • Obesity • Smoking • COPD • Chronic kidney disease
Potential Impact on Lambeth Population	• Analysis of health care data demonstrates younger BAME population in poorer health. • Higher proportions of men in front line occupations increases risk.	Higher proportions of population in front line occupations	BAME population living in areas of deprivation. High use of Community Hub for essential support (Food, Medicines and Welfare support).	70%? of the employment in Lambeth is linked to negative impact by Covid-19, either by staff working on the front line or due to furlough or job losses	Higher proportion of BAME groups with hypertensions and Type 2 Diabetes
Priorities for our Recovery Plan	• Integrated support to our shielded population. • Development of Covid-19 protected and risk-managed pathways co-ordinated through our nine PCNs • Focus on improving LTC management	• Mitigating social determinants by improved housing, reducing overcrowding, improving nutrition • Targeted investment in prevention to support population health and wellbeing (social prescribing)	• A focus on BAME support co-ordinated across mental and physical health services. • Effective communication and engagement across all of our communities to ensure that equal access to advice, guidance, services and support.	• A rigorous and co-ordinated focus on staff mental and physical heath and wellbeing across NHS, local authority and VCSE organisations. • Ensuring ongoing availability of PPE and testing, and effective "zoning" and management of patients and service users across all care settings	• Reducing smoking prevalence, • Improving proportion with healthy weight and access to good nutrition, • Improved management of LTC • Focus on care home

4. Planning for recovery: (i) Staying Healthy

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	**Health Improvement** Many of the risk factors for Covid-19 would be picked up through Health Checks programme. Reinstating this programme and focusing on those on highest risk of second wave impacts is an important opportunity to address the wider inequalities but also Covid-19 specific risks. All the suspended Health improvement activities need to recover lost ground and look a ways of scaling impact – given what we are learning about the potential of digital service delivery. The neighbourhood approach/strategy for delivering preventive services – working with PCNs, VCSOs and other key partners which was suspended needs to be reestablished and delivered at pace. **Substance Misuse** Open access maintained via phone/online. However evidence that lockdown has led to increased alcohol consumption. Pharmacies still providing supervised consumption but under pressure doing so. A wider "population" scaled offer to those with risky levels of drinking would support the specialist services **Finance** Contracts have been paid on block in some instances rather than by activity to support providers. This is unsustainable if activity doesn't recover and is challenging where costs have been incurred in other parts of the system.
Main focus issues	Recovering preventative services a challenge as recovering other services are prioritised by Trusts and primary care. Embedding innovative responses adopted during first wave of Covid-19 into new delivery models including digital/phone provision and supporting services to develop improved services – having two-year vision and plan for public health services. Ensuring the neighbourhood approach – public heath working/aligning with PCNs, VSCOs mental health neighbourhood plans and other key partners to deliver of prevention/health outcomes is core to recovery and subsequent delivery/strategy Ensuring that residents at higher risk of poor health outcomes are targeted effectively and take up support Ensuring recommendations from PHE report on inequities are implemented.
What people have told us through engagement with stakeholders, citizens and patients	Majority of service users feeding back that they are happy with or prefer the new models of service – digital/online – especially during outbreak (eg fear of travel, attending clinics) or like flexibility. Some service users reporting increased isolation Homeless population have benefited from swift access to treatment in a way that supports self-isolation and social distancing Clinicians are concerned about who is NOT or who has STOPPED accessing services For those who are digitally excluded or struggle with communication the "closure" of primary care causes major challenges to access – in particular for people with learning disability, without English language or literacy accessing alternative arrangements was not necessarily straightforward.
Inequalities and the evidence of this	Public health preventative services are targeted at those most at risk -reduced services has resulted in reduced access to prevention for the most vulnerable individuals and communities PH recent Substance Misuse service review highlighted that certain groups find it more challenging to engage and remain in treatment resulting in poorer outcomes e.g. homeless residents, vulnerable women and offenders. Recovery planning is looking to develop more innovative ways of engaging and retaining these groups in treatment e.g. "in-reach" into hostels and collaborative working with services that support vulnerable women and joint working with Probation.

4. Planning for recovery: (i) Staying Healthy

Dimension	Priority actions
Prevention	**Weight Management - GSTT Outpatient Activity plan needs to give Tier 2 weight management green light to resume with appropriate safeguards in place** **Stop smoking – working with pharmacy to step up phone service and referrals. Introduction to e-voucher for smoking cessation medication.** **Health checks – agreeing plan with GP Feds to restart** **Substance misuse – preventative alcohol misuse planning stepped up; working with consortium to develop additional work with most vulnerable service users**
Innovation, including digital	**Weight management** – use of online and new digital platform for classes – also needs wider population health approach to healthy weight not just focus on most severe end weight management services. **Stop smoking** – specialist service has been operating remotely via telephone. **Health checks** – current review of new models provides opportunity to innovate - Government review of the Programme is being undertaken and is likely to lead to changes in the way the service is delivered **Substance misuse** – phone triage and new community in-reach models to be retained and developed.
Workforce	Need for staff training to ensure that telephone / on-line support is effective and clear processes to re-engage at risk clients Opportunities for VCS to support NHS staff to provide health improvement services in the community
Inequalities (ie, BAME)	Public health preventative services are targeted at those most at risk communities, include addressing socio-economic issues – BAME communities have always been a priority. Need to expand scope and to increase consultation and engagement with these communities – particularly to reshape public health outcomes delivered by public health services/resources via a neighbourhood approach so that services can be driven by needs of local communities.

Risks identified	Description
	• Services provided via General Practice may struggle to recover – especially given competing priorities • All service activity has dropped considerably. Providers will struggle to meet KPIs. • Increased demand on some preventative and treatment services eg substance misuse – lack of capacity to respond • If funding returns to being activity based then services may not be sustainable. If the Council continues to block fund then it may eventually become unaffordable – especially if activity has been shunted to another part of the system and the Council is paying for new of reshaped services there.

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Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	**Sexual Health** - Digital access to sexual health services improved during Covid19 response. Ensuring access to clinics for those that need to be seen for either diagnosis or treatment, or for fitting of contraception requires a change in the way some services have been delivered. If we had post-natal contraception services in place 1,000 women in Lambeth could have accessed this on discharge from maternity services without requiring additional appointments or consultations either in primary care or sexual health clinics. The impact of lockdown on sexual health is not yet clear – in the short term it is likely to have decreased STI rates – but usage of the online STI screening offer remains very high. **Abortion** - Legislation changed in early April to allow abortion providers to provide consultations remotely to patients and send early medical abortion (EMA) pills via post to women. (for 2 years). As yet we have no data on the impact of Covid19 on abortion although access has been maintained. **HIV Prevention and Sexual Health Promotion -** All outreach work had to stop during lockdown – it moved to online where possible. Research indicates that c.25% of MSM still sought sex via social apps during lockdown. PrEP funding has now been allocated for Lambeth –getting the right service model in place to deliver this and capitalizing on the digital opportunity is extremely important to ensure it is resilient to any subsequent wave of Covid19. **Finance** - Sexual health services from local providers are block funded. If services continue to be block funded then it may eventually become unaffordable – especially where activity has been moved to another part of the system and the Council is paying for new activity online for example.
Main focus issues	Financial sustainability of sexual health services Ensuring that residents at higher risk of poor health outcomes are targeted effectively and take up support Improving alternative contraception offer (online/pharmacy).
What people have told us through engagement with stakeholders, citizens and patients	Majority of service users feeding back that they are happy with or prefer the new models of service – digital/online – especially during outbreak (eg fear of travel, attending clinics) or like flexibility. Online sexual health has always been popular – it is now even more so. The SHL e-service continues to have extremely positive feedback and a high rate of feedback (around 90% of patients respond). For those who are digitally excluded or struggle with communication the "closure" of primary care causes major challenges to access – in particular for people with learning disability, without English language or literacy accessing alternative arrangements was not necessarily straightforward.
Inequalities and the evidence of this	There are reports in the media of women struggling or not being able to access contraception during lockdown. The London Sexual Health Clinical Advisory Group will be undertaking an audit on patients accessing clinics during lockdown to understand the issues related to access and inequality A health equity audit is nearing completion which will give London commissioners an understanding of who is and isn't accessing the SHL service and offer recommendations.

4. Planning for recovery: (ii) Sexual Health

Dimension	Priority actions
Prevention	**Sexual Health – Lambeth are leading an LSL sexual health change programme with commissioners, clinicians and other key stakeholders working together to deliver a two year programme of change informed by the impact of Covid. Lambeth commissioners are leading an LSL sexual health impact assessment of the impact of Covid to inform the programme.**
Innovation, including digital	**Sexual Health – Lambeth led on the transformation to digital sexual health services and how to embed the further rapid changes that happened during lockdown will be a key part of the LSL change programme.** **HIV prevention outreach services across London and LSL sexual health promotion services all moved to providing support online and via phone/video These services will continue but commissioners are looking at how they can start providing in-person services in a vastly different social landscape**
Workforce	**Need for training staff on new digital/phone models – and to scope what is needed to move from face-to-face appointments** **The rapid further shift to online in sexual health services has led to further shift of less complex out of clinic. There is concern now that we may need fewer but more highly trained clinical staff in clinic as a result**
Inequalities (ie, BAME)	**Lambeth is working with the London Sexual Health Programme on an audit of patients accessing clinics during lockdown to understand the issues around who is not accessing clinics via phone triage or callback and a health equity audit for SHL** **The Brook-led sexual health promotion programme for adults has been designed to tackle inequalities, focusing on heterosexual adults and primarily black and other BME women. They've had to do initial programme shaping and engagement online and they've done very well, working with other community organisations to do so.**

Risks identified	Description
Digital exclusion	Challenge of access to Sexual Health services for those unable to access digital offer – or where this is inappropriate
Finance	Challenge of current block contract with local providers whilst increased costs associated with access to SHL. Creates financial risks for both Council and provider.

4. Planning for recovery: (iii) Children and Young People

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	• Rapid adaptation of services to online, virtual platforms • Restarting elective activity within confines of IPC requirements • Drop in GP referrals and A&E attendance and potential level of unmet need • Increasing backlog and waiting lists – particularly for ASD/ADHD • Need for robust planning amidst uncertainty • Disruption to continuity of care model • Insufficient community estate
Main focus issues	• Planning for anticipated surge in safeguarding concerns and complex and crisis care referrals once schools reopen • Tackling waiting lists • Developing, expanding, and refining digital community and mental health offer • Safely reinstating elective activity in hospitals • Resume continuity of care • Develop comprehensive system wide estate plan
What people have told us through engagement with stakeholders, citizens and patients	• Lambeth Parent Forum have expressed concern over expected waiting times once face to face services resume • Concern over increase in mental health issues during Covid period • Positive local feedback on Evelina, SLaM, KCH and primary care virtual offer • Positive feedback on acute and community maternity offer, particularly recent changes to visitation on the postnatal wards
Inequalities and the evidence of this	• Disproportionate impact of Covid on BAME communities • Mental health of young people from BAME backgrounds adversely affected by Covid compared to white peers • CYP with autism and ADHD who are unable to receive ADOS assessments owing to PPE requirements • Families and CYP with no or limited IT equipment or wifi capacity, or lacking the digital or language skills to engage digitally

4. Planning for recovery: (iii) Children and Young People

Dimension	Priority actions
Prevention	• Continue reinstating face to face activity and adapting working practices to meet need (e.g. safeguarding) by ensuring that adequately trained staff are readily available • Strengthen interface between maternity and health visiting • Continue reinstating elective activity to prevent backlog • Ensure ongoing SLaM staff presence to undertake assessment for young people in crisis/complex needs
Innovation, including digital	• Continue expanding and refining digital health and mental health offer • Ongoing work with colleagues on how existing assessment and diagnostic tools can be adapted for validation • Explore enhancement of community service offer, such as phlebotomy • Explore one-stop-shop model in hospitals to minimise number of hospital attendances • Explore on line training opportunities
Workforce	• Providing therapeutic support to CYP in home environment can be a challenge • Enhanced focus on staff wellbeing, including provision of psychological support, debrief sessions, and encouraging annual leave • Redeployed staff are returning to substantive roles • Provision of all equipment to work from home provided quickly
Inequalities (ie, BAME)	• Risk assessments undertaken for staff from BAME backgrounds • Working with providers to understand and support CYP of BAME communities who are experiencing high levels anxiety • Encourage return to school as means of ensuring pastoral and safeguarding support provided to at-risk CYP.

Risks identified	Description
Pace Resources Policy Child Protection demand	• Possibility of second wave occurring before new ways of working fully embedded • Insufficient funding or delays which may impact on delivery • Delayed / confusing guidance around reopening plans for school and children's centres, youth centres and adventure playgrounds • Working through the surge of increased child protection, children in need and cases were domestic abuse has been prominent due to isolation

4. Planning for recovery (iv)Joining up services within Neighbourhoods

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	**Marked inequalities and changing population needs mean we don't always achieve good outcomes**. Through the Covid-19 pandemic we have further seen disparities in risk and outcomes. **People have varied experience of care**. Our health and social care system can be complex with duplication and waste, gaps, fragmentation and multiple hand-offs. **There are significant pressures on our services and our workforce**. Financial challenges and growing demand. Many services under extreme pressure with a challenged workforce and high vacancy rates. Existing contracting structures and service design provide little incentive to focus on overall outcomes and the whole care pathway. **Covid-19 will have additional significant and unequal impact in the short, medium and long term.** Services will be under pressure to address new Covid-19 needs, deliver services in the face of ongoing restrictions and mitigate the impact of restricted services/delayed care.
Main focus issues	Focus on working as the Neighbourhood and Wellbeing Delivery Alliance (NWDA) to provide joined up, high quality service provision at a borough and neighbourhood level that can respond to population needs and connect people to local community assets that will support their health and wellbeing. **Key outcomes we want to achieve** (Version 1 of NWDA): • More people have access to good quality care at home • More people know how to access support in the home and community, and are supported to do this • Following a stay in hospital people receive good quality after care, coordinated well across different organisations • More efficient, rapid and effective joint decision making across providers and the Voluntary and Community Sector
What people have told us through engagement with stakeholders, citizens and patients	Local people and staff consistently tell us what matters to them: joined up care, removing barriers, reducing inequalities, fairness, supporting the vulnerable and making sure no one is disadvantaged remain consistent themes.

4. Planning for recovery: (iv) Joining up Services within Neighbourhoods

Dimension	Headlines
Inequalities and the evidence of this	• Some Lambeth population groups are known to experience disadvantage across a range of social determinants of health. Groups of our residents may also experience barriers to accessing health and other services. • Risk of development of LTCs is greater in several population groups e.g. those who are more deprived, African-Caribbean ethnicity, people with severe mental illness, people with learning disabilities. • The Covid-19 pandemic has seen disparities in risk and outcomes, related to age, ethnicity, deprivation, comorbidities etc. Risk existing health inequalities will become further entrenched

Dimension	**Priority Actions**
Prevention	• **Co-ordination of health and social care, including to provide high quality primary and secondary prevention services - improved join-up of case management between ASC and community services** • **Linking up of health and care services with local community assets through development of social prescribing to improve how psychosocial needs and wellbeing are addressed.** • **Co-ordination with community groups and independent sector providers - vital in keeping people well.**
Innovation, including digital	• **Connecting health and care services within neighbourhoods and across the borough, including community nursing, primary care, domiciliary care, day services, mental health and social care teams.** • **Development of local neighbourhood nursing and domiciliary care models - embedded in next home care commissioning exercise** • **Development of general practice through PCNs, including social prescribing.** • **Redesigning services and interface with essential acute services** • **Connecting our emergency response services**

4. Planning for recovery (iv)Joining up Services within Neighbourhoods

Dimension	Priority actions
Workforce	• Creating conditions and training to enable the workforce across health and social care to operate in a more joined up way. • Support for workforce wellbeing - risk assessments templates shared across partners to best enable safe practices for frontline workers.
Inequalities (ie, BAME)	• Using data, public health and whole system expertise and engagement with local people to understand health inequalities, including the additional impacts of Covid-19 and how services can mitigate these e.g. using health equity assessments. • Specific consideration of digital exclusion and its impact on care. • Developing the NWDA Outcomes Framework to effectively monitor the impact of interventions on groups experiencing health inequalities.

Risks identified	Description
Covid-19 and associated restrictions	Future rebounds may affect delivery of plans. Full current and future impacts of Covid-19 are unknown. Change identifies new / different unforeseen challenges
Challenges to system wide approach	Requires system wide approach. Key relationships between individuals and partner organisations are vital. Risks if strategies and priorities for partner organisations diverge Impact/pace of change not considered to be fast enough
Health inequalities	Insufficient impact on reducing inequalities

4. Planning for recovery: (iv) Identifying and supporting our residents with the most needs in our Neighbourhoods

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	• **People with multiple long-term conditions (MLTCs) and people who are frail or in their last years of life often have significant health and care support needs.** Key focus for phase 1 of the Neighbourhood and Wellbeing Delivery alliance (NWDA) and have also been vulnerable to the impacts of Covid-19. • **Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities**. Pre-Covid-19 ~1/3 of carers in Lambeth reported having as much social contact as they would like. • **Some of Lambeth's most vulnerable residents live in care homes** Care homes universally need to be safe, secure and sustainable, great places to live and work, supported and working with the wider health and care system and connected to their local communities – during pandemic structured meds reviews provided by pharmacists to people living in care homes • **Covid-19 will have a significant impact on the physical and mental health and wellbeing (including experience of loneliness) of people in these groups. Service issues include:** backlog of patients for review, and catch up, in current climate and prioritisation of patient care (health inequalities gap), medicines supplies.
Main focus issues	**Care and support for those people at most risk of poor physical or mental health, including loneliness**: People with MLTC, who are frail and people in their last years of life, who reside in care homes and carers. People in clinically vulnerable or extremely clinical vulnerable groups (shielded) at most additional risk from Covid-19. **Key outcomes we want to achieve (Version 1 of NWDA Framework)** • More people have an agreed care plan that is used when a patient's condition deteriorates • More people have early access to support and help, avoiding crises • More people have relevant preventive assessments and reviews • More people are supported to maintain their independence as far as possible • People and carers feel positive and in control of their own lives • People are more socially connected

4. Planning for recovery: (iv) Identifying and Supporting our Residents with Most Needs in our Neighbourhoods

Dimension	Headlines
What people have told us through engagement with stakeholders, citizens and patients	**People with MLTCs:** Need for care coordination, many suffering with challenges that were often easy to overcome, but not identified by professionals. Poor wellbeing, including feeling socially isolated, a vast problem, lack of control or purpose in their lives. **Experience of care in last years of life is mixed and end of life choices are not always achieved. Engagement since March 2020:** Plans informed by discussions at Covid borough response group, NWDA Delivery and Leaderships groups, SEL CAG and discussions with CCG board members. Engagement with local people, community organisations and frontline staff is underway across Lambeth Together partners.
Inequalities and the evidence of this	People from black and Asian communities within Lambeth experience a greater burden of multiple long-term conditions, often diagnosed at a younger age. Levels of deprivation also play a crucial role in early diagnosis of LTCs. Associations between risk of frailty and low socioeconomic status, female gender and non-white ethnic origin. **The Covid-19 pandemic has seen disparities in risk and outcomes across different population groups.**

Dimension	<u>**Priority actions**</u>
Prevention	• **Enhanced support for care homes, including from health partners - further embed and oversee effective operation of support model from practices and community health providers** • **Track and trace systems** • **Primary and secondary prevention services– restart, address new Covid-19 demand, targeted interventions for health inequalities** • **LTC optimisation, including through MDT working to reduce impact of Covid infection, or secondary complications**
Innovation, including digital	• **Coordination: Developing single or co-ordinated best practice, clinical, digital and technological innovations across organisations. Shared records and care plans.** • **Care homes: Engagement and co-designed solutions with care home residents, families and providers. Development of Lambeth care home commissioning strategy** • **Use of digital technology to support online video consultation and virtual clinics ensuring these are as effective as possible through changes to delivery and training for specific staff groups.**

4. Planning for recovery: (iv) Identifying and supporting our residents with most needs in our Neighbourhoods

Dimension	Priority actions
Workforce	• Support for workforce wellbeing. • Develop new relationships through covid-19 that have worked well and creating conditions for staff to work differently e.g. working in a more joined up way with shared records and care plans, collective use of nursing and care assistant workforce in care homes. • Training, development and new roles e.g. priority areas for upskilling and priorities, pharmacist leadership in PCNs, virtual training, investment in care home staff training and development. • Engagement with frontline staff e.g. broadening audience of regular engagement with pharmacy roles, virtual practice visits.
Inequalities (ie, BAME)	• Using data, public health and whole system expertise and engagement with local people to understand the additional impacts of Covid-19 and how we could mitigate these e.g. using health equity assessments. • Specific consideration of digital exclusion and its impact on care. • Developing the NWDA Outcomes Framework to effectively monitor the impact of interventions on groups experiencing health inequalities.

Risks identified	Description
1. Covid-19 and restrictions 2. Challenges to system wide approach 3. Health inequalities	1. Future rebounds may affect delivery of plans. Full current and future impacts of Covid-19 are unknown. Change identifies new / different unforeseen challenges 2. Requires system wide approach. Key relationships between individuals and partner organisations are vital. Risks if divergent strategies and priorities for partner organisations. Impact/pace of change not considered to be fast enough 3. Insufficient impact on reducing inequalities

4. Planning for recovery: (iv) Meeting need across our diverse communities in our neighbourhoods

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	• Unmet basic needs has a significant additional detrimental impact on individual and families health and wellbeing e.g. experience of food poverty, social exclusion and accommodation insecurity – 106 rough sleepers were provided a safe place to stay • Harnessing place-level and preventative approaches can effectively address health inequalities • This approach would reach across all residents to maximise enabling support and will be partnership working, including with the VCS, to also offer targeted wellbeing programmes.
Main focus issues	• To provide an holistic approach to enabling all Lambeth residents to maximise their good health and wellbeing by addressing access to not only health and social care services but also employment , income maximisation and social support and advice. • Particularly promoting preventative strategies from promoting social inclusion projects to reduce experience of loneliness to running vaccine programmes • Model to have a particular focus on tackling barriers to access by those with multiple needs or from particular disadvantaged groups e.g. BAME communities and making sure support best fits their social and cultural circumstances **Key outcomes we want to achieve (NWDA Framework)** • People stay physically and mentally active and supported to stay as active as possible • People live better quality and happier lives • People are more able to participate in decision making about their lives • Systems and communities work better for patients (and their families), staff and carers **Key outcomes we want to achieve (Lambeth GP Clinical Cabinet)** • Support the development of integrated, neighbourhood-based networks of services that keep people as healthy and independent as possible, with care that is provided as close to home as possible. • Deliver care that seeks to reduce health inequalities • Provide care that is optimised at each point of contact, reducing care provision inefficiencies and waste • Accessible and needs based care delivery provided by care partnerships of all appropriate stakeholders • All care partnerships should support and promote individual and neighbourhood resilience in the models developed. Engagement of care partnerships with the citizens they are providing care for should be implicit in all models of care.

4. Planning for recovery: Meeting need across our diverse communities in our neighbourhoods

Dimension	Headlines
What people have told us through engagement with stakeholders, citizens and patients	• High levels of food poverty and insecurity with a wide range of causal drivers – over 7.000 food parcels delivered by end of April • Significant numbers struggling with language barrier – particularly LatinX communities • Demand for a single contact point – e.g. access to personalised advice and support alongside food • Advocating taking an asset-based approach • Coordinating best use of VCS capacity alongside health and social care partners
Inequalities and the evidence of this	• There are significant underlying inequalities (inequities) in life expectancy and healthy life expectancy in Lambeth • 26% of cases in the vulnerable people's hub are black Caribbean residents (9% of total population) • 36% Lambeth children in food poverty • Covid-19 – food poverty quadrupled in Lambeth and unequal impact.

Dimension	**Priority actions**
Prevention	• **Developing models to enable single access points for health and wellbeing support, aligned to assistance to meet general needs e.g. food provision** • **Development of model to better coordinate VCS support offer in conjunction with health and social care services - implementation of a commissioning approach with Lambeth VCS sector.**
Innovation, including digital	• **Models for access points will best utilise digitally systems available in local settings and building wherever appropriate** • **Build on experiences reported of use of digital systems to combat loneliness – extended Kooth on-line counselling to wider group of young people** **Key outcomes we want to achieve (Lambeth GP Clinical Cabinet)** • **Environment to scope new technology options for remote working**

4. Planning for recovery: Meeting need across our diverse communities in our neighbourhoods

Dimension	Priority actions
Workforce	• The development of health and wellbeing access points would complement existing service provision (e.g. primary care networks) and provide a neighbourhood space for existing centralised services (e.g. employment advice, DWP) – a programme team and board is in place • Significant challenges in implementing timely vaccine programmes across whole Borough population
Inequalities (ie, BAME)	• Provide targeted programmes, including services customised for communities experience most health inequalities, including BAME groups, older population and those with mental health conditions

Risks identified	Description
1. Covid-19 and potential second surge **2. Challenges to system wide approach** **3. Health inequalities**	1. New access point model planned to start to be mobilised in summer 2020 but implementing comprehensive vaccine programmes present significant challenges 2. Detailed engagement plan developed and aligned with all other engagement work 3. Insufficient impact on reducing inequalities

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	Covid-19 outbreak has the potential to increase the burden of mental ill health and exacerbate existing health inequalities. Lambeth has higher rates of mental health distress relative to the London region average which is reflected in some key data including: • Estimated that as many as 1 in 4 people will experience symptoms of common mental health conditions such as depression and anxiety over the life course • Our black communities-particularly those of Caribbean heritage continue to be overrepresented within our mental health services, often presenting later, experiencing more severe mental health symptoms and more restrictive care. • Although Lambeth's suicide rate (10.2 per 100,000) is comparable to the average for London we have higher prevalence of risk factors of associated with suicide including severe mental illness, substance misuse, economic instability, poverty and debt • Covid-19 has resulted in a reduction in referrals for Q1 2020-21 to the Single Point of Access (front door) but some voluntary sector crisis services report increased use over this time period.
Main focus issues	• Working with our communities at neighbourhood level and at scale across SEL to co-produce both digital and place placed interventions that promote individual and community resilience • Improving interface and joint working between secondary and primary care to address persistence of poor physical health outcomes for people living with SMI • Together with SLaM taking forward the reprovision of the Lambeth hospital and associated development of culturally appropriate clinical inpatient and community service offer with Black Thrive and Lambeth's black communities • Progressing service review and redesign in key areas such as complex care, supported living and personality disorder to improve access, system flow and efficiency. • Supporting our staff to deliver whilst keeping them safe and ensuring their wellbeing and resilience.
What people have told us through engagement with stakeholders, citizens and patients	• The pandemic has starkly highlighted inequalities particularly in relation to our BAME communities, homeless and rough sleepers, and people who may be socially isolated • Some demand has been displaced to the voluntary sector and we need to respond creatively and assist our VCS partners to respond to this. • Service users have welcomed increased choice of contact through virtual, digital and telephony but a significant proportion want and need direct face to face contact • Our frontline staff have felt valued sustained attention needs to be paid to supporting our BAME staff and that all staff have the IT kit and software they need to work flexibly.
Inequalities and the evidence of this	• Based on GP data 2.8% of people of black heritage are diagnosed with SMI compared to 1.4% of white British • People with SMI die on average 20 years earlier for men and 15 years earlier for women than the general population and have rates of LTC's including cardiovascular disease and diabetes often linked to health behaviours such as smoking and alcohol consumption • Groups including people living with LTC's and LGBT have higher rates of depression and anxiety.

4. Planning for recovery: Adult Mental Health

Dimension	Priority actions
Prevention	• Create a cross-organisational mental health prevention taskforce across SEL to oversee a twelve-month prevention programme • Develop a programme of mental health community capacity building across south London – which will work with schools, faith and community groups to stay well. • Review performance against SMI Health Check target for 2020-21 and develop action plan for 2021-22 to include testing of virtual and telemedicine to improve uptake. • Co-produce neighbourhood Staying Well offer to maximise recovery in the community by building on capacity, confidence and knowledge in primary care and VCS.
Innovation, including digital	• Maximise the switch to digital to access self-care, IAPT and community mental health support • Implement choose and book for appointments to LWNA Single Point of Access to increase patient choice.
Workforce	• Make sure all staff-especially BAME-are appropriately risk assessed and supported and have the resources needed to work flexibly whilst keeping safe • Work with SLaM and SEL partners to address recruitment and retention • Developing workforce capacity to respond to mental health need including primary care and VCS.
Inequalities (ie, BAME)	• Co-produce model of culturally appropriate peer support and advocacy and inpatient care together with Black Thrive • Deliver on 20-21 LGBT action plan including mental health awareness and suicide prevention training • Establish programme plan for our MH and Homeless Collaborative for homeless and rough sleepers.

Risks identified	Description
Resilience Placements	• Maintaining system resilience to respond to any Covid-related winter surge • Making progress with our LWNA placement recovery plan to address current resource pressures and ensure sustainability
Intelligence	• Improving our data and information sharing so we better understand experience and outcomes along the patient journey to inform business and financial planning.

4. Planning for recovery: (vi). Learning Disabilities and Autism (LDA) and People with Continuing Complex Needs

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	The focus on recovery work will be on continuing engagement with individuals with continuing complex needs (including LDA) and their families about how to safely re-engage with services and the wider world, and to help them recover from any trauma and disproportional impact that Covid has had on this part of our population, whilst also using our learning to prepare for a potential second wave
Main focus issues	• Mitigating the impacts of the Covid pandemic on people with continuing complex need and LDA, their susceptibility to the disease and their ability to cope with the changes in society • Ensure there's a personalised and person-centred approach to delivering support – as part of this, review of Supported Living market development, across disabilities, to ensure that we have the right support locally for our residents to consider as their home, which includes being close to their family and community • Delivery of the NHS Learning Disability and Autism Programme, in collaboration with SEL CCG, ensuring that we deliver, and re-model where required, the place based priority outcomes i.e. LD Health Checks, Community Treatment Reviews (for those who are in specialist inpatient settings and for those at risk of admission), and the implementation of the learning and recommendations from Learning Disability Death Reviews (LeDeR) • Strengthening transition pathways, and developing jointly commissioned services for young people, incorporating focus on the most complex needs in partnership with SEL
What people have told us through engagement with stakeholders, citizens and patients	• People with continuing complex needs and LDA can struggle to comply with social distancing, wearing face masks and other measures • There is a great appetite to return to accessing and participating with the community, day services and socialising but when people and their families know it is safe
Inequalities and the evidence of this	• People with continuing complex needs and LDA experience a shorter life expectancy and a higher rate of premature death due to preventable illnesses. • People with LDA have higher rates of mental health problems than the general population and are more likely to have epilepsy or dementia or to be obese. • Even before Covid people with LDA were more likely to die from a respiratory illness: in England between 2004 and 2008, respiratory disease was identified as the most common cause of death in people with LDA.

4. Planning for recovery: (vi) Learning Disabilities and Autism (LDA) and People with continuing complex needs

Dimension	Priority actions
Prevention	• Building on key learning and recommendations from Covid evidence reviews, for example the work of the London Covid Scientific and Technical Advisory Cell (STAC) into the impact of Covid • Re-setting of our community service provision offer, to ensure it is COVID secure in the short term, and to move to re-modelling of this service in the medium term in response to the longer term implications and impact of Covid • Ensure people have access to the right benefit and financial support streams to maximise independence and control and best use of public resources.
Innovation, including digital	• Where it is fit for purpose and accessible, using virtual communication and technology to meet health and social care needs such as some aspects of annual health checks and day support.
Workforce	• Ensure there's sufficient suitably experienced and skilled staff particularly with independent sector providers to work with people with complex and continuing need.
Inequalities (ie, BAME)	• Engage with people with LDA and their families about how to safely re-engage with services and the wider world, and to help them recover from the trauma and disproportional impact that Covid-19 has had on this part of our population.

Risks identified	Description
Digital exclusion	Some people with continuing complex needs and LDA and their families do not have good quality access to ICT meaning they may struggle to access information and services. People with needs should be given support to access ICT safely and to avoid any potential route for exploitation.

Dimension	Headlines
Framing the challenge: Issues to be addressed (qualitative and quantitative)	• The purpose of the Homelessness Next Steps and Recovery Plan is to continue to deliver on our strategic priorities, whilst building lessons learned during the response to the Covid-19 crisis and to provide a framework to address the specific challenges that we are experiencing as a result of the lockdown and ongoing health emergency. • It reflects the principles of the pan-London Rough Sleeping Next Steps Strategy for accommodation and health provision, identifying the key interdependencies and importance of housing, health, social care and other partner services to the next step plans. The aim is to co-ordinate partners to work collaboratively on a single plan which aligns with and draws upon the activities of London Councils, NHS, Public Health and other boroughs in response to the immediate need but also the long term effects upon homelessness and health.
Main focus issues	• Ensure by thorough assessment of needs that there are clear pathways for all homeless individuals in order to deliver the 'in for good' principle of accommodation and support. • Secure sustainable move on accommodation for those placed in commercial hotels in response to Covid-19 and ensure support to prevent homelessness where necessary. • Lobby government through the appropriate channels re the funding and support necessary (where existing funds are not adequate) to provide sustainable housing to individuals placed in commercial hotels, those still on the street and future cohorts who become homeless during or as a result of the Covid19 crisis, particularly for those who have no recourse to public funds or no local connection. • Identify and deliver interventions working with partners to prevent future homelessness due to the impact of Covid-19. • Produce a response plan for possible second wave based on an integrated housing, health and care model incorporating lessons learned so far. • Reduce inequalities and improve access and outcomes in line with the Council's Borough Plan, particularly for key groups i.e. BAME, rough sleepers with complex health needs, people experiencing domestic violence
What people have told us through engagement with stakeholders, citizens and patient	• The importance of joined up housing, health and care at borough and system level for homeless to deliver on our intentions to reduce homelessness and rough sleeping, and to improve health and wellbeing. • The ongoing challenge on securing and affordable housing and accommodation move on options for homeless people and rough sleepers. • The continuing importance of addressing health inequalities, linked to poor physical health and mental health.
Inequalities and the evidence of this	• Significantly reduced life expectancy and quality of life. • Average age of mortality for homeless people is 42 for women and 47 for mean associated with poor physical and mental health, substance misuse and lack of accommodation.

4. Planning for recovery: (vii) Homeless and Rough Sleepers

Dimension	Priority actions
Prevention	• Help people sleeping rough in Lambeth to leave the streets and assist them to improve their lives. • Support households to remain in their homes or help them to find suitable accommodation. • Establish effective internal pathways with public authorities and partner agencies. • Help improve the supply of and sustainability of temporary and move-on accommodation options. • Identify and procure sustainable accommodation – including long-term need, review of temporary accommodation shared hostels and vulnerable adults pathway accommodation, changes to night shelter and Lambeth Assessment Centre safe seats – where possible • Provide continuing support to rough sleepers to come off the streets – including those with No Recourse to Public Funds • Future 2nd wave plan: use lessons learned on processes, procurement to support upholding the 'in for good' strategy.
Innovation, including digital	• Identify and prevent future homelessness from the private rented sector – using targeted data, working with partners, employment and financial advice offer • Build on the integrated housing and health approach of the Covid-19 Homelessness Response Group to ensure continued multi-agency working, to provide appropriate housing, physical and mental health drug and alcohol support for homeless individuals to keep them engaged in services and prevent repeat homelessness.
Workforce	• Developing the capacity of both the homeless sector, and the health and care sector abilities to respond to the needs of people. • Continue to tackle stigma and discrimination towards homeless people in the provision of healthcare and related services. • Health and care staff aware of national guidance and legislation regarding access to healthcare by homeless people.
Inequalities (ie, BAME)	• Undertake individual health needs assessments of people in Lambeth rough sleepers vulnerable adults pathway to inform individual health and move on plans. Update health needs audit of homeless and rough sleeper population in Lambeth to refresh needs assessment and inform planning • Take forward development of integrated 'accommodation first' health and care offer to improve mental and physical health outcomes as part of our Mental Health and Homelessness Collaborative.

Risks identified	Description
Funding	• Government commitment to substantive funding - future funding potentially via grant application. • No Recourse to Public Funds cases – no government commitment to either additional funding or changes/loosening of legislation, leaving decision with local authorities. Risk that this cohort may return to rough sleeping.
Supply Chain	• Private rented sector (PRS) and temporary accommodation (TA) supply – supply chain interrupted, boroughs and GLAs all competing . Rise in LHA rates placing pressure on TA rates. • Continued 'flow' of rough sleepers leading to 'in-fill' of decanted rooms and more need for COVID care facilities due to testing
Demand and complexity	• Second wave and new call for everyone in • Complex cohort – difficult to engage. May return to rough sleeping. • Increased future homeless presentations due to C-19 related issues such as DA, ending of eviction suspensions, rent arrears.

5. Planning for Recovery: Our finances - impact of Covid-19

Financial context – Pre-Covid-19
- Pre Covid, ICS partners across the NHS and local authorities had been working to establish agreed financial plans for 2020/21.
- These plans included significant savings programmes for the year, including the assumed impact of our pathway transformation and productivity improvement programmes, required to support the delivery of 2020/21 budgets and financial targets.
- The plans also included a number of agreed investments, including targeted NHS investment in our out of hospital care system across primary care, community and mental health services, alongside investment in acute services to support underlying demand and improvements in access. For local authorities plans reflected the very significant pressure that social care and other budgets have been under for a number of years.
- Our plans included a continued commitment to pooled and delegated budgets across health and care to support integrated out of hospital service provision and to incentivise the development of integrated models of care, risk and gain share approaches.

Financial context – Covid-19
- The pandemic has resulted in significant changes to the funding and payments regime for months 1-4 of 2020/21. In the NHS block payments to cover core costs were implemented nationally, alongside mechanisms to recover additional covid related costs. As part of these new arrangements discharge costs were borne by the NHS on behalf of the system.
- Guidance is now expected for the rest of 2020/21 and as a system we will work to implement the national guidance with a key priority of providing financial certainty and stability across the system and to ensuring agreed system approaches to the management of risks or funding shortfalls. This will ensure that we are able to secure best value from available resource and support a funding approach that puts the needs and care of our residents at its centre.
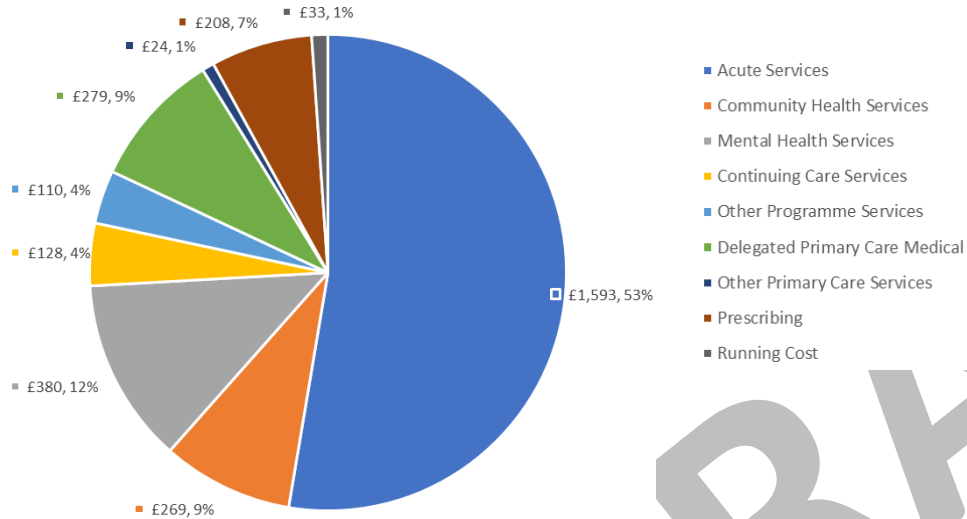
2020/21 In Year Issues and Implications
While the overall implications of the funding regime for 2020/21 are unclear at this point we know that we face a very challenging financial position across both the health and care sector:
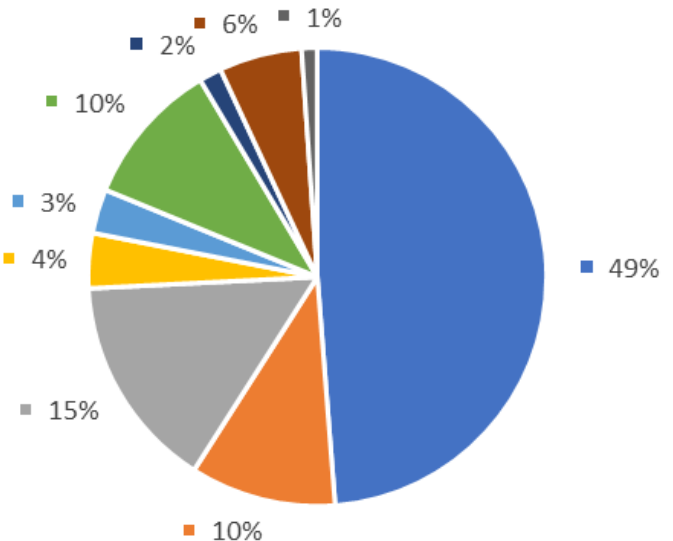- We have experienced an increased year to date run rate associated with managing the pandemic – this means that in underlying terms we are spending more money than we expect to have available to us on a recurrent basis
- Our 2020/21 plans are on hold or delayed – resulting in efficiency programmes and the expected return on investment also being delayed during this year, meaning a bigger resulting financial challenge to address going forward
- Recovery will require investment in some areas and/or result in increased inefficiencies – to meet national/regional requirements (critical care, infection prevention and control), meet increased demand (mental health, waiting list backlogs) or to support on going delivery of benefits seen in the pandemic response (discharge, hubs for vulnerable people) – we will need to understand these requirements and reflect them in our financial plans.
- The Council has received a mixture of general financial support from the government and ring-fenced grants for specific purposes, along with the NHS discharge funding. The general support is for the council as a whole and is likely to be less than the total costs and income losses arising from the outbreak.

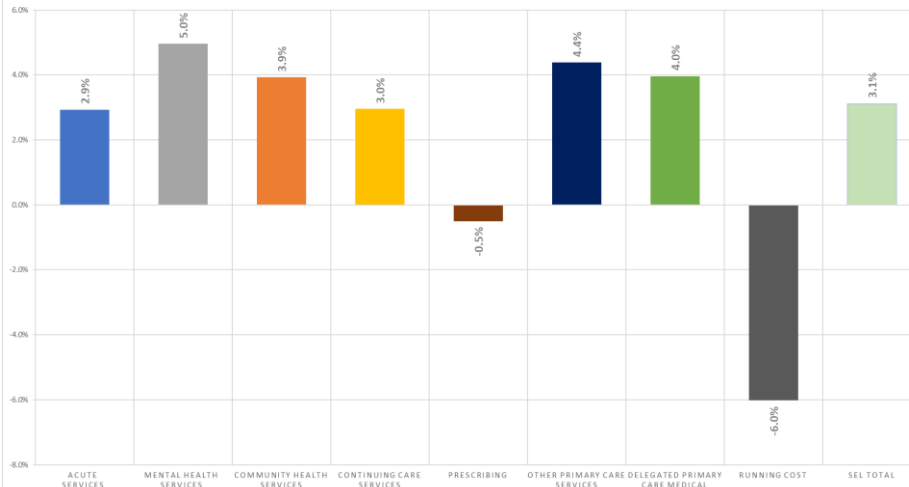# 5. Planning for Recovery: CCG financial plans 2020/21

SEL - Planned Spend by Area 2020/21, £'m

Legend:
- Acute Services
- Community Health Services
- Mental Health Services
- Continuing Care Services
- Other Programme Services
- Delegated Primary Care Medical
- Other Primary Care Services
- Prescribing
- Running Cost

Pie chart labels: £1,593, 53%; £269, 9%; £380, 12%; £128, 4%; £110, 4%; £279, 9%; £24, 1%; £208, 7%; £33, 1%

Lambeth

Pie chart labels: 49%; 10%; 15%; 4%; 3%; 10%; 2%; 6%; 1%

2020/21 SEL CCG INVESTMENT BY SERVICE AREA: UPLIFT FROM 2019/20 RECURRENT OUTTURN

Bar chart values: Acute Services 2.9%; Mental Health Services 5.0%; Community Health Services 3.9%; Continuing Care Services 3.0%; Prescribing -0.5%; Other Primary Care Services 4.4%; Delegated Primary Care Medical 4.0%; Running Cost -6.0%; SEL Total 3.1%
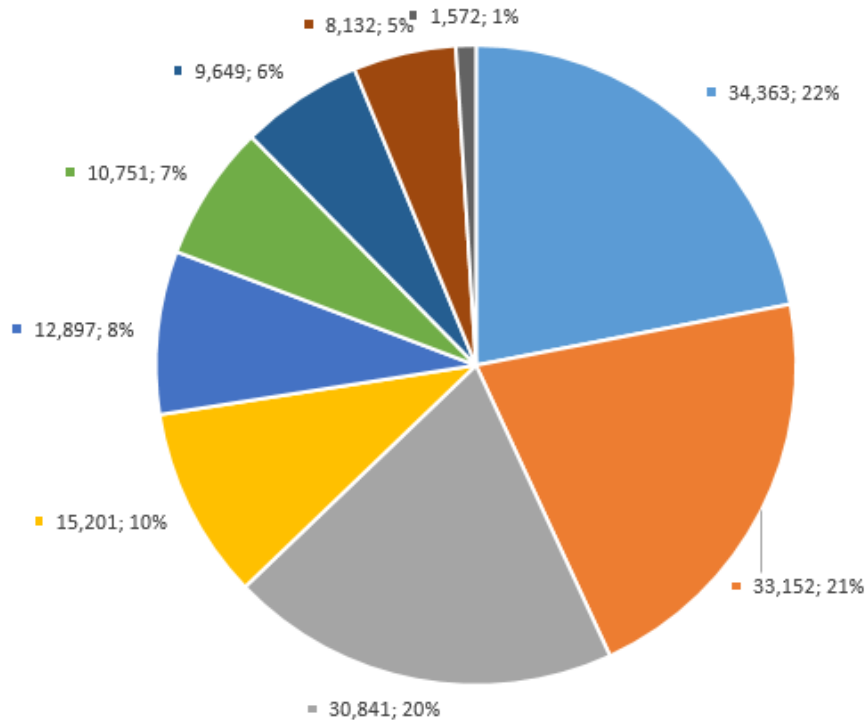
These charts summarise the planned allocation of resources/investment related to CCG commissioned services and reflect increased investment agreed across the system aligned to the NHS Long Term Plan uplifts;

- The charts illustrate CCG planned investment for 2020/21, to support expected demand and to support our service and investment priorities for the year.
- The Covid impact we have seen year to date, the financial implications of our recovery plans for the rest of the year plus the NHS/LAS funding regime for months 5-12 will result in a changed balance of spend/investment from these Plans
- It will be important to understand these differences as we plan for the future and reassess out investment priorities, whilst seeking to remain true to the objectives set out in our Long Term Plan response of shifting investment to community based care and from treatment to prevention.

The charts excludes non CCG sources of funding for SEL providers, noting these are significant for areas like specialised services.
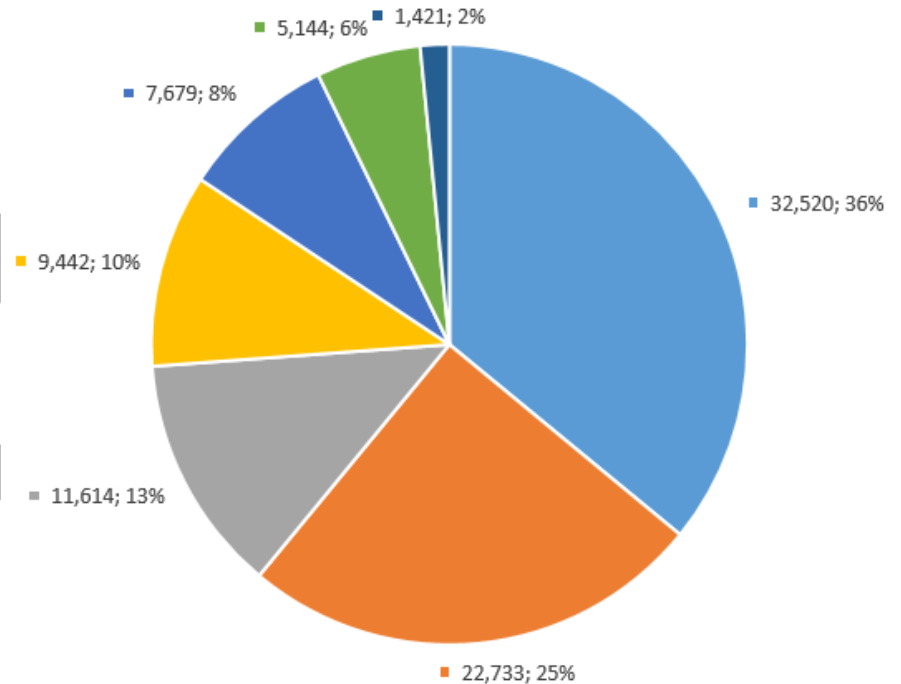
52

LBL - Planned Spend by Area 20/21 - Gross £'000

- 34,363; 22%
- 33,152; 21%
- 30,841; 20%
- 15,201; 10%
- 12,897; 8%
- 10,751; 7%
- 9,649; 6%
- 8,132; 5%
- 1,572; 1%

Legend:
- Learning Difficulties
- Public Health
- Older People
- Mental Health
- Physical Disabilities
- Supporting People
- Adults BCF
- Other - Adults
- Integrated Commissioning

LBL - Planned Spend by Area 20/21 - Net £'000

- 32,520; 36%
- 22,733; 25%
- 11,614; 13%
- 9,442; 10%
- 7,679; 8%
- 5,144; 6%
- 1,421; 2%

Legend:
- Learning Difficulties
- Older People
- Physical Disabilities
- Mental Health
- Other - Adults
- Supporting People
- Integrated Commissioning

5. Planning for Recovery: Our finances – principles for recovery

Principles

Whilst recongising the financial uncertainty that we are currently operating under we are committed as a system to managing our financial challenges and future investments in line with the following principled approach:

- Commitment to our existing strategic investment plan – differentiated by area of investment to support agreed strategic priorities and the development of community based care.
- Recognition that we will need to transition back towards our existing strategic plan as in the short term (20/21 and 21/22) there will be additional recovery priorities that we will need to fund
- Commitment to work collaboratively and with collective responsibility across system partners to ensure that we make ends meet over this period
- Commitment to securing demonstrable best value and to maximising available efficiencies to secure the lowest possible run rate - at organisation and system level
- Commitment to ensuring that the recovery commitments we make are cost neutral overall e.g. they can be managed within the total resource available to the system, recognising that this may require stringent prioritisation
- Commitment to ensuring that there are no adverse consequences of our recovery (and wider) actions - where there is either an intended or unintended consequence by organisation we will collectively work to mitigate the risk for that organisation

Funding recovery

- We will need to review our recovery commitments for the reminder of 2020/21 in the context of the national funding approach and the above principles, with a focus on ensuring that we can fund prioritised recovery commitments whilst also seeking to reduce our run rate wherever possible.
- For 2021/22 we will need to adopt a systematic approach to our financial planning that also reflects our principles, takes due account of our pre Covid strategic investment plans and our identified recovery priorities. We are developing a planned approach for doing so and will develop this further over the coming weeks as national guidance and our own recovery implementation plans provide greater certainty in terms of the ask and available resources. Our work will include a collective review of:
  - The investments and savings that we had planned for 2020/21 - to determine those that remain important (strategically or as a vital component of our planned recovery) and those that we would deprioritise as not feasible/no longer a priority in the current circumstances - this will give us a 'carry forward' proposition as a first step
  - Our original 2021/22 LTP commitments, our recovery commitments and requirements and the scope for new savings for 2021/22 - this will give us a 'new requirement' proposition as a second step.
  - An assessment of the carry forward and new funding requirements against available resource and in the context of our pre Covid investment strategy.
  - The development of options for managing the expected gap between aspiration and available resource to support an agreed within borough and system wide prioritisation to enable us to set plans that match available resources.

5. Planning for Recovery: Our finances – system approaches

The Council has an approach for 2021/22 through to 2024/25 for financial planning:

Estimation of likely funding available for expenditure across the Council which includes support grants, business rates, council tax, the improved Better Care Fund, the social care support grant, and other funding sources.

- Estimation of identified pressures including inflation, unavoidable growth and undelivered savings in order to ascertain a potential 'funding gap'
- Modelling of impact of the COVID19 on the funding gap on several scenarios that will be refined when further work is done through management teams
- Identification of potential opportunities to reduce current levels of expenditure ultimately leading to plans designed to align expenditure to resources for 2021/22 onwards.

Ensuring our financial planning/investment approaches support integrated delivery and optimise the use of available resources

As a system we are clear that we need to move away from the pre-Covid funding regime if we are to support our objectives of downstream strategic investment shifts, the development of our prevention and community based care offer, integrated service delivery underpinned by genuinely pooled budgets, system approaches to risk and gain share to incentivise innovation and financial sustainability plus collective responsibility for managing the system finances. This will include our Long Term plan commitment to move away from the Payment by Results funding model.

There are a number of key pathways or service areas that we will need to work through to determine approaches that best meet these objectives.

- Doing so will secure a system proof of concept in terms of demonstrating our principles and ensuring a collective agreement on the way forward for these areas that embed the benefits seen during the pandemic whilst also providing a sustainable funding approach for recovery/the future.
- Potential areas that we will will consider are: discharge, Continuing Health Care, community services 2 hour rapid response/48 hour discharge models, shielding/vulnerable hubs, urgent and emergency new access models and digital by default. All will require agreed resourcing and resourcing shifts, alongside securing appropriate system incentives and risk/gain share approaches, to secure a sustainable financial delivery model.

5. Planning for Recovery: managing our finances together

There are a number of key local issues and challenges which need to be addressed as part of the local borough based recovery plan and these include;

- **Hospital Discharge Programme (HDP)** – this has been in place since mid March to allow early facilitated discharge of residents and avoidance of admission to acute settings during the pandemic with no assessments being undertaken, both financial or CHC. This arrangement is underpinned by a Section 75 agreement by both health and care partners. As this scheme ends there will need to be an agreed plan across health and social care for assessing all clients within the required timeframe.
- **Growth Funding** – Allocation growth is currently been capped at 2%. Therefore, once any contract negotiations are recommenced, it will be essential that growth is only agreed at 2% maximum to ensure that the borough works within its financial envelope.
- **Better Care Fund** – growth was initially expected to be 5.5% but the revised allocation has capped growth at 2%. This has been communicated to Local Authorities for months 1-4 and the arrangements for month 5 onwards are awaited. However, this has impacted upon the system financial position and the ability to deliver services locally. This will need to be revisited as part of the recovery plan once the position for the remainder of the year is known.
- **QIPP Delivery** – QIPP plans were put on hold due to the COVID pandemic but as we move into recovery, these will need to be reviewed to establish what is possible to put in place for the remainder of the year and how much could be delivered. For the borough specifically, the 2 main areas to be re-assessed for QIPP are prescribing (£1.3m) and CHC (£0.9m).
- **Out of Hospital Schemes / Other Transformation Schemes** – We are working with Lambeth Together partners on a number of transformation projects, however, the challenge around delivery of any of these schemes will be the need to work as a system to deliver the changes without any additional finance. Resources will need to be recycled potentially across current organisational boundaries. This will require an integrated system approach to working.

There are also some wider key issues / challenges both for looking at 2020/21 and then into 2021/22 and these need to be approached both at a borough level and also a wider system level. These include;

- All organisations will need to take the time between now and year end to understand their current cost base and predict a FOT for the system as well as individual organisations;
- From the system which we have at present, with all the financial issues it brings, we need to operate a financial framework which makes sense for all parties;
- Consideration will also be required of the impact of this for 2021/22, what the financial arrangements will be and when the planning guidance for 2021/22 will be available and how there is a system wide approach to planning for that year.

5. Planning for Recovery: addressing financial risks

There are a number of risks which need to be considered at Lambeth system level, for example;
- Risk/uncertainty of not yet knowing what the financial regime for the remainder of the financial year will be;
- Risk of relationships being damaged by impact of financial regime on both the borough and its partners;
- Risk of QIPP schemes not being able to be mobilised as quickly as expected and so reduced impact in 2020/21;
- Risk of impact of localised new wave of COVID in Lambeth Borough;
- Risk of recovery actions being impeded by lack of funding as an enabler;
- Risk of not being able to recruit into key posts within the borough structure and hence not deliver on the recovery actions due to financial restrictions being imposed;
- Risk of borough not being able to utilise the full powers under delegation due to the imposed financial regime, the lack of flexibility and decision making powers may hinder the local recovery work;
- Risk of impact of winter specifically in Lambeth with its elderly population.

Financial Governance Arrangements

NHS SE London CCG has a Schedule of Matters in place which sets out limits of delegation for staff, in addition there is a separate "emergency" Schedule of Matters in place for the approval of COVID-19 spend. As we move to recovery, it is expected that we would revert back to the main Schedule of Matters which is in line with the CCG constitution. The move to recovery will require strict adherence to financial governance issues in order to control spend in all areas.

We have had in place a Covid-19 finance group which has worked to address shared issues of financial management across the CCG and Council through the Covid period. We will seek to further integrate our financial oversight and delivery through extended shared arrangements. The Strategic Director Integrated Health and Care will chair a new financial delivery and savings group with a remit across both CCG and Council delegated budgets .
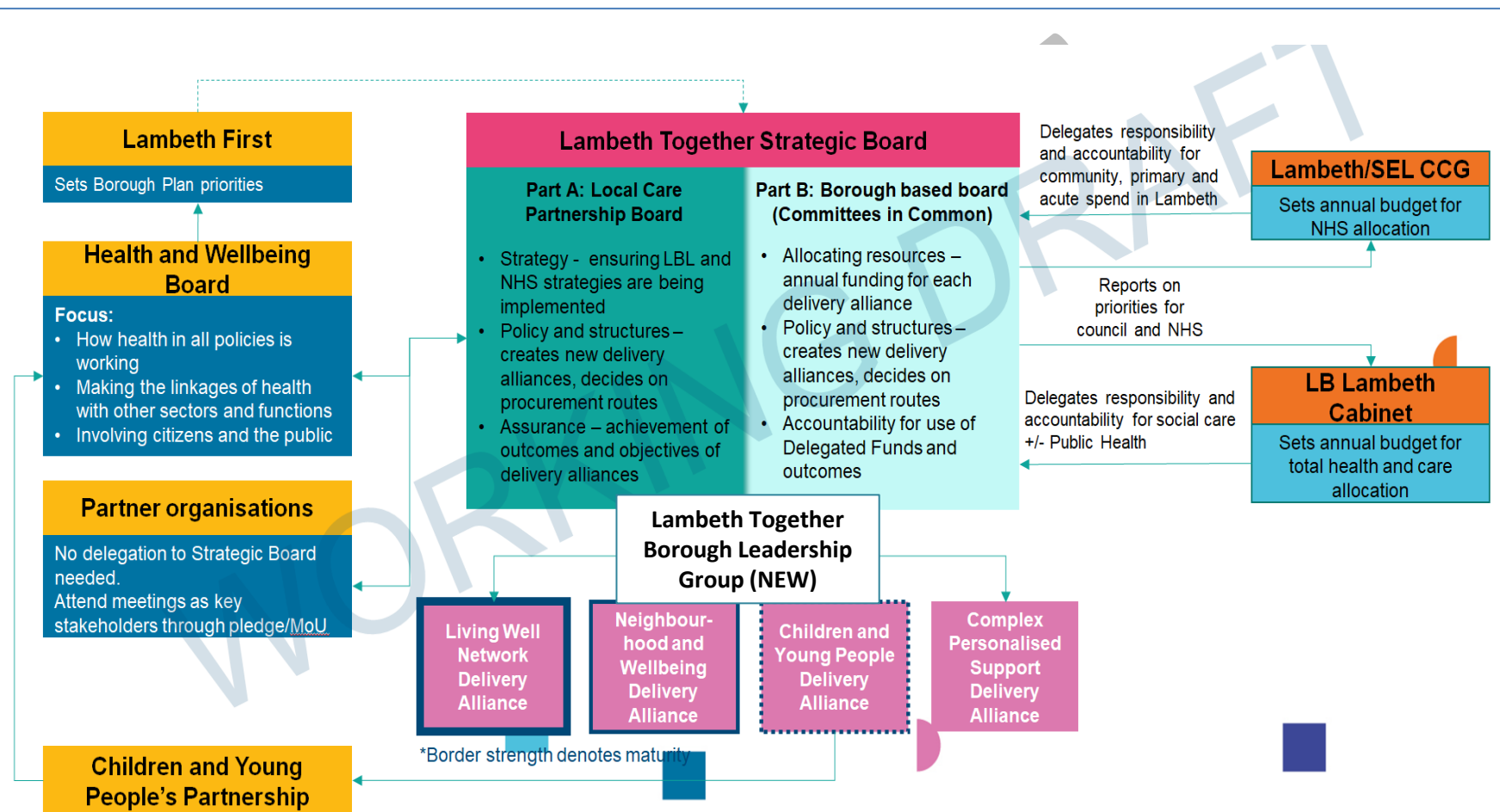
Key Next Steps for Financial Recovery
- Support re-establishment of QIPP delivery locally;
- Support robust financial governance to control costs;
- Support out of hospital projects;
- Work to produce FOT positions for 2020/21;
- Start to work up 2021/22 budgets when planning guidance received;
- Support Hospital Discharge Programme exit.

6. How will we deliver this: Oversight and Leadership

- Oversight of this Recovery Plan will be through the Lambeth Together Strategic Board. The Board brings together Lambeth Council and CCG Leaders along with local NHS Trusts, primary care and other Lambeth partners. The Strategic Board meets regularly throughout the year and will hold meetings in public six times a year. Local people are welcome to attend a public forum in advance of each meeting in public. You can find out more about the work of the Strategic Board here.

- Reporting to the Strategic Board, over the coming weeks we will bring together in one fora the previous Lambeth Together Executive Leadership Group and the current Lambeth Covid-19 Borough Recovery Group to form a single oversight group - chaired by the Strategic Director Integrated Health and Care. This group will ensure coherence across the various elements of the plan and ensure enabler and infrastructure requirements are appropriately promoted. Further task and finish arrangements will be instigated as required, in particular in respect of any further Covid-19 waves to ensure effective dedicated local arrangements are rapidly stood up.

- Key responsibility for delivery of our Recovery Plan priorities will be overseen through our Delivery Alliances for:
  - Children and Young People
  - Lambeth Living Well Network Alliance (Adult Mental Health)
  - Neighbourhood and Wellbeing alliance

  Plus the Lambeth Staying Healthy Board and the Mental Health and Homeless Collaborative.

- We will be producing implementation plans for each of the delivery areas which will also set out in more details and our aims measures of success.

- Our arrangements will link into SE London ICS Recovery oversight arrangements and into the Lambeth First Board.

- We will further review these arrangements in advance of 2021/22.

6. How will we deliver this: Oversight and leadership

Lambeth First

Sets Borough Plan priorities

Health and Wellbeing Board

Focus:
- How health in all policies is working
- Making the linkages of health with other sectors and functions
- Involving citizens and the public

Partner organisations

No delegation to Strategic Board needed.
Attend meetings as key stakeholders through pledge/MoU

Children and Young People's Partnership

Lambeth Together Strategic Board

Part A: Local Care Partnership Board
- Strategy - ensuring LBL and NHS strategies are being implemented
- Policy and structures – creates new delivery alliances, decides on procurement routes
- Assurance – achievement of outcomes and objectives of delivery alliances

Part B: Borough based board (Committees in Common)
- Allocating resources – annual funding for each delivery alliance
- Policy and structures – creates new delivery alliances, decides on procurement routes
- Accountability for use of Delegated Funds and outcomes

Lambeth Together Borough Leadership Group (NEW)

Living Well Network Delivery Alliance

Neighbour-hood and Wellbeing Delivery Alliance

Children and Young People Delivery Alliance

Complex Personalised Support Delivery Alliance

*Border strength denotes maturity

Delegates responsibility and accountability for community, primary and acute spend in Lambeth

Lambeth/SEL CCG

Sets annual budget for NHS allocation

Reports on priorities for council and NHS

Delegates responsibility and accountability for social care +/- Public Health

LB Lambeth Cabinet

Sets annual budget for total health and care allocation

WORKING DRAFT

6. How will we deliver this: Involving residents and service users

Engagement in Lambeth's Recovery Plan

To successfully further develop and deliver our Lambeth recovery plan we will need to:

- Reflect on and use what we already know from previous engagement in our work
- Understand what we have learned from people's experience of receiving and providing care - from our staff, the independent sector, patients, service users and informal carers - during the pandemic period and the impact this has had on them
- Systematically consider how this intelligence can inform our ongoing recovery actions at local and SEL level
- Identify priority areas where there are planned changes and where there is scope for engagement to further shape recovery plans
- Work collaboratively across partners in Lambeth Together in a coordinated way, using our collective resources, to involve the residents and frontline staff from our borough in decisions about how we deliver health and care in the short, medium and longer term as part of our borough recovery plan - focusing on the most impacted populations in a highly targeted way and addressing engagement gaps.

What we know from previous engagement

Lambeth's recovery plan is informed by engagement with communities in recent years that has shown;

- Strong support for integrated care working at neighbourhood level to keep the most vulnerable people supported at home, drawing on community assets
- Support for new models of primary care delivery including virtual consultations - though we know that some patients also want the option of a face-to-face consultation; and that there are some concerns about people who may be digitally excluded
- Concerns about inequalities in health and the experience and outcomes of BAME communities and seldom heard populations such as homeless people, migrants and people with learning disabilities.

8. How will we deliver this: residents and service users

Discussions over the last year in Lambeth Together have helped us to refine our approach to engagement

We have committed to be clear not only on the *'what?'* but also the *'who?'* of engagement – so that our activity can

- have an impact
- be appropriately targeted
- have equality and diversity at its heart

We will reference and build on key principles developed as draft by Healthwatch Lambeth alongside Lambeth Together partners to inform how we involve local people in our work in the weeks and months to come.

Our view of public participation

People have the right to be involved in shaping and improving services.

Public participation is a spectrum (or ladder) that provides a range of opportunities for people to be involved.

Each aspect of the spectrum offers benefits and none of the approaches is better than others.

The best place on the spectrum for an engagement activity will depend on the decision or question that needs answering. A project may visit different places on the spectrum as it progresses. This may or may not include co-production (sharing power between services and people).

We must be honest from the start about who has the decision-making power in each project and what is on and off the table

We must be clear and transparent about which members of the public are or should be involved in particular projects. For example, this might include service users, people who need a service but don't currently use it, previous users, carers and families, and the wider community.

Participation projects need to be designed with the principles of equality, diversity and accessibility at their heart.

Good information provision for everyone involved is essential to every stage of a participation project, including giving people feedback on the outcome.

Turn over to give feedback

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6. How will we deliver this: Involving residents and service users

Our listening will continue over the next 18 months. We will work across our partnership in a coordinated way to engage and to share our learning with one another and with our communities so that we remain responsive.

A new Lambeth Together Communications and Engagement Steering Group will

- Comprise communications and engagement experts from our partnership to coordinate our effort
- Work with Lambeth Together leadership to support 'plan-level' engagement with the wider public
- Support development and delivery of purposeful, targeted, prioritised and effective engagement on key recovery proposals, including those that involve changes to the range of health and care services available to people or the way in which people might access health and care services in the future

Working through our three Delivery Alliances we will

- Develop engagement plans for our seven priority areas, to support codesign and codelivery of our recovery actions – with our partners, with our workforce and with service users, patients and carers
- Ensure our engagement plans are highly prioritised, to address identified gaps that might pose a risk to our recovery or exacerbate existing health inequalities. We will need to continue to reach groups that are likely to be disproportionately affected by Covid-19 including BAME communities and people with complex health issues.

We will continue to engage with people in their own groups and contexts, recognising that much of this will need to be virtual or non-face-to-face well into the future. We will link into the South East London system work (task and finish group) on digital exclusion and other areas to inform our wider approach.

We will be accountable to our public, service users, patients and carers

- Reports to the Lambeth Together Strategic Board will include detail on how engagement is informing plans
- The Lambeth Together Strategic Board will continue to publish its papers and hold meetings in public. We will continue holding a Public Forum before each of these meetings, giving members of the public and other stakeholders an opportunity to ask questions and hear more about our plans.

6. How will we deliver this: Draft milestones for delivery

Priorities	September - December 2020	January – March 2021	April – June 2021	July – September 2021	October – December 2021	January – March 2022
Engagement	Continue to build upon engagement, including intelligence from partners					
Staying Healthy	Reinstating programmes, eg healthchecks, and neighbourhood delivery approach/strategy for preventative services	Embedding innovative approaches Residents at higher risk of poor health outcomes are targeted effectively and take up support	2 year vision and plan for health services Ensuring recommendations from PHE report on inequities are implemented			
Sexual Health	PrEP. Getting the right service model in place to deliver this and capitalizing on the digital opportunity Audit with London on accessing clinics during lockdown	Financial sustainability of sexual health services Sexual health prevention and promotion changes	Ensuring that residents at higher risk of poor health outcomes are targeted effectively and take up support Improving alternative contraception offer			
Children and Young People	Rapid adaptation of services to online, virtual platforms Restarting elective activity within confines of IPC requirements	Drop in GP referrals and A&E attendance and potential level of unmet need Increasing backlog and waiting lists – particularly for ASD/ADHD	Continue reinstating elective activity to prevent backlog Ensure ongoing SLaM staff presence to undertake assessment for young people in crisis/complex needs	Strengthen interface between maternity and health visiting	Enhanced focus on staff wellbeing, including provision of psychological support, debrief sessions, and encouraging annual leave	
Neighbourhood Health and Wellbeing	**Joining up services in neighbouhoods** To follow **Identifying and supporting our residents with the most needs in our neighbourhoods** Restart and enhance prevention and coordination of services Lambeth care home commissioning strategy Workforce wellbeing and creating conditions for staff to work differently Using data, public health and whole system expertise and engagement with local people. Consideration of digital exclusion and its impact on care. **Meeting need across our diverse communities in our neighbourhoods** Developing models to enable single access points for health and wellbeing support, aligned to assistance to meet general needs e.g. food provision Development of model to better coordinate VCS support offer in conjunction with health and social care services - implementation of a commissioning approach with Lambeth VCS sector. best utilise digitally systems available in local settings Targeted programmes, including services customised for communities experience most health inequalities, incl. BAME groups, older pop. & those with mental health conditions					

6. How will we deliver this: Draft milestones for delivery

Ambition	September - December 2020	January – March 2021	April – June 2021	July – September 2021	October – December 2021	January – March 2022
Living Well Network Alliance (Mental Health)	Working with our communities at neighbourhood level and at scale across SEL to co-produce both digital and place placed interventions Create a cross-organisational mental health prevention taskforce across SEL to oversee a twelve-month prevention programme Co-produce neighbourhood Staying Well offer to maximise recovery in the community by building on capacity, confidence and knowledge in primary care and her VCS.	Improving interface & joint working between secondary and primary care to address persistence of poor physical health outcomes for people living with SMI Develop a programme of mental health community capacity building across south London – work with schools, faith and community groups to stay well.	Take forward reprovision of Lambeth hospital & development of culturally appropriate clinical & community offer with Black Thrive & black communities Review SMI Health Check target and develop plan	Progressing service review and redesign in key areas such as complex care, supported living and personality disorder to improve access, system flow and efficiency. Maximise switch to digital to access self-care, IAPT & community mental health support	Supporting our staff to deliver whilst keeping them safe and ensuring their wellbeing and resilience. Implement choose and book for appointments to LWNA SPoA	
Continuing Care / Learning Disabilities	Mitigating the impacts of the Covid pandemic on people with continuing complex need and LDA	Delivery of the NHS Learning Disability and Autism Programme	Strengthening transition pathways, and developing jointly commissioned services for young people	Ensure there's a personalised and person-centred approach to delivering support		
Homelessness & Rough Sleepers	Clear pathways for all homeless individuals in order to deliver the 'in for good' principle of accommodation and support.	Interventions working with partners to prevent future homelessness due to the impact of Covid-19	Response plan for possible 2nd wave based on an integrated housing, health and care model incorporating lessons learned so far			
Enablers	Whole system demand and capacity planning	Review and refine estates strategy to take account of service and workforce impacts	Integration of teams across Lambeth health and care continues with primary driver of person centred holistic care local to where people live	Continue to explore and embed Digital Solutions and Inclusion		

If you want to get in touch, please contact Brian Reynolds or Catherine Flynn using our email
hello@lambethtogether.net

Annex A. Link to wider system plans: NHS Phase 3 Focus Areas

Integral to the development of and delivery of this borough recovery plan will be our collective response to the NHS priorities described in the [NHS Third Phase](#) from August 2020. A summary of the shared focus areas are:

A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Alongside this, 2020/21 People Plan, and a plan on inequalities reduction is to follow nationally. DHSC are also expected to set out equivalent phase three priorities and support for social care.

All of this will also links with the SEL recovery plan 12 commitments that have been set out as:

	Recovery Plan Commitment
1	A way of operationalising strict segregation of the health & care system between COVID and non-COVID and a much stricter separation between urgent and elective work especially by site, with international best-in-class infection prevention and control practices
2	A permanent increase in critical care capacity and surge capability, centred on tertiary sites
3	Virtual by default unless good reasons not to be: primary care, outpatients, diagnostics, self care, support services
4	Triage/single points of access/resources and control at the front end of pathways
5	New community-based approaches to managing long term conditions / shielded patients
6	New approaches to minimise hospital stay to that which is required to meet needs
7	Disproportionate focus and resources for those with most unequal access and outcomes
8	Further consolidation and strengthening of specialist services
9	A single, more resilient ICS - level platform for corporate support services and further consolidation and sharing of clinical support services
10	New integrated workforce and volunteer models and new incentives to drive the behaviours needed to deliver
11	Further alignment and joining together of institutions within the ICS
12	New approach to consent through systematic deliberative public engagement e.g. citizens juries

Annex A. Link to wider system plans: Primary Care GP Services

Primary care colleagues have been collaborating both at borough level and across SEL more broadly. That has lead to the development of a high level SEL recovery Plan for Primary Care led through each of the borough. In Lambeth primary care providers, working through the Lambeth GP Cabinet with commissioning leads, have articulated a set of priorities. In all cases, the priorities are aligned and in Lambeth read across to and will be realised through the work of the Neighbourhood and Wellbeing Alliance priorities, as described in section 4 of the Lambeth Recovery Plan.

Key priorities are;
- Addressing health inequalities: focussing on shielded and vulnerable patients and at risk patients: Focus on Last years of life
  - Supporting care homes
  - Enhancing community resilience by better patient, citizen and community engagement through neighbourhoods and within Primary care Networks - with a focus on prevention
- Keeping people at home and avoiding hospital attendance and admissions, supporting discharge quickly and safely and improving the overall interface between primary, secondary and community care. To include:
  - System wide urgent care review
  - Outpatient redesign
  - Aligned primary and community nursing pathways
- Enabled by:
  - A thriving workforce, with commitment to training , development and wellbeing utilising
  - Digital innovation and transformation

Lambeth GP Clinical Cabinet has developed a COVID Recovery Plan in which they have described the ways of working, and set out their highest order workstream priority areas.

Annex A. Link to wider system plans: NHS Community Health Services

Key changes made as part of COVID response:
- Radical restructuring of community services to shift resources to frontline admission avoidance/early discharge/multiagency flow processes via single point of contact – integrated discharge processes, palliative care end End of Life policies and procedures
- Introduction of virtual clinics across community services and step up of digital approach
- Introduction of borough-based demand and capacity modelling to inform workforce plans and specific service developments (eg, intermediate care).
- Weekly cross-community provider meetings to share good practice, jointly problem solve and take sector approach where sensible to do so

Key elements of recovery plan:
- The priorities for adult community services are:
  - Address health inequalities focusing on shielded and vulnerable people
  - Keep people at home (including admission avoidance)
  - Support discharge home quickly and safely
  - Focus on the last years of life (including supporting care homes)
- SEL is an early accelerator site for 2 hour rapid response and 2 day reablement and we will be implementing our plans to secure this as part of recovery
- These priorities will be enabled through: a digital first approach; building the workforce (including taking a cross-provider approach to workforce development); measuring progress (including community, social and acute care indicators); and responding to ongoing COVID infections.

Borough specific aspects of recovery plans
- Community services a key element of borough plans with embedded joint local working across primary care, community, social care and mental health
- Developing borough-based integrated delivery plans for each of the four priorities
- Taking a borough approach to the modelling/forecasting of demand and capacity, based on acute, community and social care activity.
- Developing local plans for the support of care homes.

Ways of working:
The priorities will be:
- Delivered in partnership with primary and social care, hospices and the voluntary sector
- Informed by proactive engagement with referrers, patients and families
- Led by clinicians, with advice from social care professionals
- Underpinned by the principles of 'Home First' and 'Right Care, Right Time, Right Place'
- Informed by population data and demand and capacity modelling.

Mechanisms to support these ways of working include: an agreed core offer for SEL residents for community services to support the delivery of equal access and equal outcomes; multiagency steering group for each priority, chaired by providers; multiagency dashboard to measure progress across sectors; joint working across the four community providers including active working towards a SEL formal community provider collaborative; cross provider approach to workforce development (staff passport in first instance) and shared use of some services (eg, intermediate care beds) to enable infection control and specialisation; shared learning (eg, roll out of: GSTT @Home service; Bromley Healthcare's e-scheduling, etc.).

Annex A. Link to wider system plans: Support to Care Homes

Lambeth has 40 care homes in the borough comprising 9 nursing homes (666 beds) 4 OP/PD residential homes (124 beds) and 27 LD/MH residential homes (237 beds) employing nearly 1500 staff. There has been considerable focus on this sector of the care market during the pandemic with the mobilisation of local and national support and interventions (link to Lambeth care home letter) and it is important that we build on this work to ensure that our care homes are the best places to live and work in.

Proactive Support
Delivered through a MDT approach including primary care, geriatricians, psychiatrists, pharmacy, dietetic, palliative care and specialist nursing support.

Infection control
Ensuring good infection control measure are in place, regular testing programmes, IPC support including training programmes, reducing the movement of staff between homes.

Workforce
Working with providers to support workforce development mobilising health and care system partners, local colleges, Health Innovation Network (HIN), Social Care Institute for Excellence (SCIE) and others. Apprentice programmes, registered manager and clinical leadership development.

Market sustainable
Need to assess market and individual providers financial health. This will include undertaking an assessment of the financial sustainability of providers, understanding income streams and impact of Covid-19 on demand; to work with smaller providers and CQC to review registration criteria and move to more appropriate care category; supporting other boroughs to develop their local market

Technology
To work with providers and other partners to develop local plans to maximise the technological opportunities for care homes – including record keeping, monitoring systems and use of assistive technology.

Commissioning
Review of KPIs and service improvement plan for current block contract; development of local Lambeth care home commissioning strategy setting out the position when block contract ends; work with colleagues across SEL to identify gaps and develop long term market development plans exploring what can be commissioned at scale to drive efficiencies as well as longer term market engagement to address gaps in the market.

Neighbourhood working
Linking to the NWDA ensuring that care home residents, their families and staff feel connected to, and supported by, their local communities – including the use of social prescribing link workers, local Lambeth volunteer services and other voluntary and community groups.

Annex A. Link to wider system plans: Mental Health Services

Key changes made as part of COVID response:
- Fully operationalised pre-admission testing for all people, regardless of age, requiring non-elective care
- Fast-tracked discharges to free up ward capacity for use by tertiary Acute partners to support system surge
- New and innovative all-age Crisis Assessment Centres opened to alleviate pressure on Acute emergency departments and provide a targeted mental offer in a calm environment. Working to develop and strengthen this model with acute partners to deliver a best in class 'mind and body' offer
- Routine MH elective care continued throughout our Covid-19 response due to service type (therapies) and the ability to mobilise technology at pace to support staff and service users to access the necessary technology for meaningful digital contact. 70%+ of all elective community contacts (in the main IAPT services) are now via on-line virtual or telephone consultation
- Increased Home Treatment Team service capacity to support patients post-discharge
- 24 hour all age Crisis Lines established including a dedicated out of hours specialist CAMHS line

Key elements of recovery plan:
- Maximising system resources to keep our communities safe, well and thriving
- Improving our front door and crisis offer for mental health
- Delivering a best in class integrated offer across Housing, Welfare, Education and Employment opportunities
- Delivering our Primary Care Network Offer for Mental Health ambitions (a population health based system with multidisciplinary support wrapped around the individual based on their needs)
- Reducing health inequalities across our communities
- Pharmacy and prescribing with a focus on supporting individuals in our communities experiencing psychosis or schizophrenia

Any borough specific aspects of recovery plans
- In taking forward the work of Black Thrive and Lambeth Alliance, commenced pre—Covid-19, Lambeth is focussing on a review of ethnicity data to support further our understanding of the impact on BAME communities. There will be shared learning here for other Boroughs
- Data sharing across partners in Lewisham is supporting the build of a population health model that is delivering results in reducing waiting times and referrals to secondary care, underpinned by rapid decision making

Ways of working:
- There was an SEL System Summit on 2 June jointly hosted between NHS and Local Authority partners to address how we can work together to protect our communities' mental health as result of Covid-19. This supports our planning for targeted and culturally appropriate support services / offers as a system recognising the disproportionate impact of Covid-19 on our BAME communities
- The South London Partnership is already sharing resources to deliver a three provider collaborative approach across Mental Health provision in South London. working closely with ICS partners. As a recognised best practice model this offers us the opportunity to deliver our existing plans at greater pace to improve patient care whilst supporting our staff in the best way possible.

Key changes made as part of COVID response:

- Routine elective surgery and routine diagnostic activity was stood down across all providers for around 13 weeks – backlogs have therefore increased significantly. Additional infection prevention and control measures were introduced including COVID protected pathways, additional PPE for staff and patients and additional cleaning / air changes between patients.
- Digital by default, in particular the use of telephone/video for outpatient appointments.
- Significant surge capacity for critical care opened, including the use of theatres and recovery areas, with very successful networked approaches to critical care provision across the three SEL providers.

Key elements of recovery plan:

- **Restarting activity** via a phased approach, with additional precautions in place, such as patients isolating before admission, to ensure patient and staff safety.
- **Redesigning services,** in line with infection prevention and control guidelines – e.g. spacing in Emergency Departments – and in response to evaluation of new ways of working introduced in the response phase. Key initiatives include:
  o Urgent and Emergency pathway transformation schemes driven through the system wide Help Us Help You programmes, including Same Day Emergency Care
  o Building from the rapid expansion of virtual by default models during the pandemic to drive our outpatient transformation programme at pace and scale.
- **Establishing a programme of work** to be progressed via the Acute Provider Collaborative, including:
  - o **Elective surgery** – orthopaedics, urology and ophthalmology as initial priorities, to be followed by ENT, general surgery and gynaecology.
  - o **Specialised services** – critical care as a top priority.
  - o **Clinical support** – pathology (GSTT/KCH only) and endoscopy as initial priorities, to be followed by radiology/imaging and pharmacy.

Borough interfaces

- Ensuring **effective and timely access to swabbing** for patients ahead of admission.
- Three **diagnostic community hubs** will be established in SEL by April 2023. Locations are to be determined but likely to include Queen Mary's Sidcup with plans to develop from April 2021.
- **Maintaining discharge arrangements** to ensure that patients do not spend longer than necessary in hospital.
- **Supporting virtual by default** access to acute services and referral support to primary care e.g. using Consultant Connect.

Ways of working:

- To ensure the safe and effective recovery of clinical services post COVID-19 and to address the ongoing variation within the acute system in terms of access and outcome, SEL's three acute providers have formed an Acute Provider Collaborative (APC), a mutually beneficial model of collaboration between the three Trust Boards, enabled through transparent governance and decision making.
- To support delivery the APC will continues to work in collaboration with other organisations / partnerships across SEL via both informal discussions, borough partnerships and ICS arrangements, for example through the SEL ICS Recovery Leadership Group.

Annex B. Enabling Infrastructure - Demand, Capacity & Estates

Whole system demand and capacity planning

- During the Covid -19 pandemic the SEL system has worked collaboratively with borough teams and care providers to understand and plan for expected demand.
- We are now building from this work to develop a SEL demand and capacity model, that will support both scenario planning related to recovery and a potential second wave, plus future strategic and operational planning across our system.
- Our demand and capacity modelling will be utilised to underpin our service strategies and plans and will help us identify, understand and address capacity gaps in a consistent and systematic way.
- This will include securing plans to address gaps, inclusive of an agreed approach to demonstrably maximising productivity and efficiency and pathway transformation opportunities and a collaborative utilisation of available resource on a system rather than organisational basis, to secure our objective of equity of access and outcome.

Estate

South East London CCG's estates vision for the future is to have a flexible, high quality property base that provides the right capacity, in the right place and at the right time; responding to the needs of our patients by improving access and ensuring safe. Within Lambeth we will also review and refine our estates strategy to take account of service and workforce impacts, in particular:

- Maximise the benefit from existing resourced schemes (ETTF and Wave 4 capital Funds) in various stages of development and delivery across the primary Care Estate – ensuring reviewed in the light of COVID experience. Includes those associated with population changes, such as Nine Elms/ Vauxhall.
- Review and ensure estate is resilient, adaptable and able to better meet the needs of services, changing workforce, local people post Covid .e.g. hot and cold flows; changing workforce e.g. social prescribing; Supporting multidisciplinary team working
- Align estate opportunities to deliver Health and Wellbeing Hubs and our ambitions to better support neighbourhood working (including Primary Care Networks), with a focus on enabling prevention and longer term health improvement .
- Develop estate to be better accessible to local people – physically and digitally.
- Ensure estates and digital developments are aligned – to best use available space safely, economically and effectively . Reduce void space and ensure more effective booking arrangements for the use of shared space.
- Re-invigorate the Local Estates Forum – where partners across the borough come together to ensure best benefit from and alignment between the use of existing and new estate to best support transformational change programmes associated with recovery planning e.g. redesign of outpatient services.
- Maximise opportunities through One Public Estate – to ensure effective alignment between NHS and Council estate developments.

Availability of capital funding to support recovery

A system capital allocation has been notified for business as usual capital plans in SEL.

- In addition capital funds are anticipated, but not yet confirmed, to support A&E/SDEC and endoscopy and diagnostic workstreams. SEL has submitted plans for these.
- Capital bids have also been submitted for CCU expansion and surge capacity.
- Nationally £600m has been announced, in addition to system capital allocations, to support critical infrastructure. This will be distributed across systems partly based on backlog values. This will be constrained where BAU plans exceed the notified system BAU capital allocation.

Annex B. Enabling Recovery: Infrastructure - Workforce

Covid-19 has fostered greater collaboration and flexibility in how we utilise our existing workforce within and across organisations, successfully integrated new entrants and returners to the workforce and enabled highly effective sharing of services such as staff testing.

Our priorities of valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing are more critical than ever. Our workforce plans include a focus on:

- Staff health and well being as we recover from the pandemic – with a specific focus on the psychological impact of the pandemic and ensuring embedded safety and learning cultures.
- At risk and vulnerable staff, including clear risk assessments and support for BAME staff
- Optimising innovative workforce models that support flexibility and resilience across staff groups - multi disciplinary team working, integrated workforce development and fellowship/employer models that embed integrated working in the delivery of care, development of non clinical workforce and volunteer models.
- A refreshed workforce strategy that builds from our LTP response and incorporates learning from Covid and the workforce implications of our planning for recovery. This will include a re-appraisal of supply pipeline risks and growth programmes risks spanning this year and next.

Integration of teams across Lambeth health and care continues with the primary driver being the delivery of person centred holistic care local to where people live. With the development of health and wellbeing hubs in response to wider determinants of inequalities and poverty we will link some of our workforce within these hubs with other wrap around services to support individuals to remain as independent as possible and to work with people and their families much earlier than pre COVID.

The Lambeth GP Clinical Cabinet COVID Recovery Plan has identified workforce related priorities aimed at securing 'A Thriving workforce through commitment to training, development and wellbeing'.

Adult social care workforce plans continue to build on recruitment and retention of high quality Social Care Workforce directly employed by the Council for the Social Care teams. We have been successful in the past few years in terms of retention of staff and we continue to ensure that working in Lambeth is highly attractive to potential applicants. We are working on development plans for all our workforce to support high achievement and career progression particularly for our BAME colleagues. There is a clear workforce action plan to support BAME colleagues, led by BAME senior leaders. Ongoing development of flexible working with learning from COVID and staff survey feedback is being implemented, balanced with the needs of vulnerable people we support.

Annex B. Enabling Infrastructure - Digital

Context and South East London

- Our objective is a digital strategy that drives our population health management and care pathway transformation, maximising the opportunities offered by digital.
- The Covid-19 pandemic has seen a rapid digitalisation – we are committed to building from this to secure our existing NHS Long Term Plan objective of securing ubiquitous access to digital care services.
- Virtual by default model - converting primary care and outpatients to virtual wherever appropriate, securing digitally augmented integrated primary and unscheduled care pathways, extending digital solutions to a wider range of care pathways, including mental health, diagnostics, care home support and self care.
- The Digital Response and Recovery across south east London is underpinned by work across a range of areas in order to:
    - secure collaboration and system leadership for digital transformation and accelerating digital maturity
    - enhanced capacity and capability to support system transformation, agreed long term funding, interoperability, and access to patient records
    - data services to deploy Population Health Management solutions to identify the areas of greatest health need and match services to meet them, whilst also supporting our wider pathway transformation objectives.

Lambeth

- The provision of **EMIS enabled laptops** will allow our clinicians to securely access the information they need at the point-of-care, including having access to patient records securely on the move, view documents and attachments, such as x-ray and test results and prescribe medications.
- **Data and Intelligence / Population Health Management**: We will look to continue to maximise and expand our HSJ Award Winning Lambeth DataNet primary care data programme. We will build upon this social collaboration between NHS, Public Health and KCL, linking with other programmes and stakeholders as we develop regular linked acute and community data sets to inform commissioning and the provision of care, including the impact of Covid, our understanding health inequalities as well and setting actions to reduce these. This work will be cognisant of other related PHM developments including, Discovery, Dr Foster, LCEG and so on.
- **Digital Solutions and Inclusion**: We will build on the momentum of change realised during COVID to optimise uptake and embed digital solutions that support a virtual first approach. In taking this forward we will deliver our strategy to ensure, that we take all our citizens with us, by including other options for those who are digital last. This will include education and embedding of Digital Champions
- **Lambeth Clinical Effectiveness Group**: We will continue to work to support PCN digital development.